

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Headrick for Congress

ADDRESS (number and street) ▼

P.O. Box 218

Check if different than previously reported. (ACC)

Maynardville

TN

37807-0218

2. **FEC IDENTIFICATION NUMBER** ▼

C C00559062

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

TN

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

Type or Print Name of Treasurer Detlef Matt

Signature of Treasurer Detlef Matt

*[Electronically Filed]*

Date

/  /

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

Office Use Only								
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**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 02 / 27 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	61105.95	61105.95
(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)).....	61105.95	61105.95
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	8948.58	8948.58
(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)).....	8948.58	8948.58
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	52157.37	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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: M M / D D / Y Y Y Y 02 / 27 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42810.00	42810.00
(ii) Unitemized .....	15040.32	15040.32
(iii) TOTAL of contributions from individuals .....	57850.32	57850.32
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	3255.63	3255.63
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	61105.95	61105.95
<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>	61105.95	61105.95

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8948.58	8948.58
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) ►	8948.58	8948.58

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61105.95
25. SUBTOTAL (add Line 23 and Line 24).....	61105.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8948.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	52157.37

**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 39
	<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)  
**Syd Ball**

Mailing Address 100 Greywood PI

City: Oak Ridge      State: TN      Zip Code: 37830

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

Name of Employer: ORNL      Occupation: Nuclear Engineer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 12 / 2014

**Transaction ID : SA11AI.4156**

Amount of Each Receipt this Period: 250.00

Campaign Donation

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

Mailing Address 100 Greywood PI

City: Oak Ridge      State: TN      Zip Code: 37830

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

Name of Employer: ORNL      Occupation: Nuclear Engineer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 06 / 26 / 2014

**Transaction ID : SA11AI.4157**

Amount of Each Receipt this Period: 100.00

Campaign Donation

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

Mailing Address P.O. BOX 4747

City: Chattanooga      State: TN      Zip Code: 37405

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

Name of Employer: Attorney      Occupation: Berke Law Firm

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 16 / 2014

**Transaction ID : SA11AI.4163**

Amount of Each Receipt this Period: 300.00

Campaign Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 6 OF 39
	<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)  
**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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.4177**

Amount of Each Receipt this Period  
**100.00**

Campaign Donation

**B.** 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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.4181**

Amount of Each Receipt this Period  
**100.00**

Campaign Donation

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

Mailing Address 51 Crest Rd

City Chattanooga State TN Zip Code 37404

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.4182**

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).....

**700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<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)  
**Fletcher Bright**

Mailing Address 537 Market St  
Suite 400

City State Zip Code  
Chattanooga TN 37402

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

Name of Employer Occupation  
Self Realty Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 06 / 2014

**Transaction ID : SA11AI.4186**

Amount of Each Receipt this Period  
500.00

Campaign Donation

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

Mailing Address 537 Market St  
Suite 400

City State Zip Code  
Chattanooga TN 37402

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

Name of Employer Occupation  
Self Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period  
500.00

Campaign Donation

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

Mailing Address 615 Eagle Bend Rd

City State Zip Code  
Clinton TN 37716-3824

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  
04 / 19 / 2014

**Transaction ID : SA11AI.4231**

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).....

2000.00

**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 39
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 19 S Crest Rd

City State Zip Code  
Chattanooga TN 37404

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

Name of Employer Self Occupation Dance Artist and Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : SA11AI.4237**

Amount of Each Receipt this Period  
 Campaign Donation 500.00

**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 UTC Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 05 / 2014

**Transaction ID : SA11AI.4250**

Amount of Each Receipt this Period  
 Campaign Donation 250.00

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

Mailing Address 108 Sumach St

City State Zip Code  
Lookout Mountain TN 37350

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.4260**

Amount of Each Receipt this Period  
 Campaign Donation 1000.00

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

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

1750.00



**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 39
	<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 Clinton State TN Zip Code 37716

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.5729**

Amount of Each Receipt this Period  
 520.00

In-kind - Web Server & web page March, April

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

Mailing Address 280 Hackworth

City Clinton State TN Zip Code 37716

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.5731**

Amount of Each Receipt this Period  
 520.00

In-kind - Web server & web page month of May

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

Mailing Address 280 Hackworth

City Clinton State TN Zip Code 37716

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : SA11AI.5733**

Amount of Each Receipt this Period  
 520.00

In-kind - Web Server & Web page month of June

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

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

1560.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
	<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)  
**Jack Jeffers**

Mailing Address 744 Shutoff Cliff Rd

City Oneida State TN Zip Code 37841

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

Name of Employer Self Occupation Software Specialist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : SA11AI.4325**

Amount of Each Receipt this Period  
 250.00

Campaign Donation

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

Mailing Address 173 Morning Pointe Ln

City Athens State TN Zip Code 37303-4175

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  
 05 / 05 / 2014

**Transaction ID : SA11AI.4333**

Amount of Each Receipt this Period  
 2600.00

Campaign Donation

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

Mailing Address 173 Morning Pointe Ln

City Athens State TN Zip Code 37303-4175

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  
 05 / 05 / 2014

**Transaction ID : SA11AI.4335**

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).....

5450.00

**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 39
	<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)  
**Dan Kennedy**

Mailing Address 1605 Dennis St

City State Zip Code  
Chattanooga TN 37405-4211

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  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : SA11AI.4348**

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 State Zip Code  
Lookout Mountain TN 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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : SA11AI.4363**

Amount of Each Receipt this Period  
500.00

Campaign Donation

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

Mailing Address P.O. BOX 218

City State Zip Code  
Maynardville TN 37807

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.4369**

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).....

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<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)  
**Detlef Matt**

Mailing Address P.O. BOX 218

City: Maynardville State: TN Zip Code: 37807

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: 5200.00

Date of Receipt: 04 / 25 / 2014

**Transaction ID : SA11AI.4371**

Amount of Each Receipt this Period: 2600.00

Campaign Donation

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

Mailing Address 2023 N Grandview Ln

City: Bismark State: ND Zip Code: 58503-0846

FEC ID number of contributing federal political committee: C

Name of Employer: Doosong Occupation: Mechanical Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 06 / 02 / 2014

**Transaction ID : SA11AI.4372**

Amount of Each Receipt this Period: 2600.00

Campaign Donation

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

Mailing Address 2023 N Grandview Ln

City: Bismark State: ND Zip Code: 58503-0846

FEC ID number of contributing federal political committee: C

Name of Employer: Doosong Occupation: Mechanical Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 02 / 2014

**Transaction ID : SA11AI.4374**

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).....

7800.00

**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 39
	<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)  
**Patrick Matt**

Mailing Address 14610 Bull Run Rd  
Apt 240

City Miami Lakes State FL Zip Code 33014

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

Name of Employer Miami Lakes Hospital Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2014

**Transaction ID : SA11AI.4375**

Amount of Each Receipt this Period  
2600.00

Campaign Donation

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

Mailing Address 246 Cherry St

City Chattanooga State TN Zip Code 37403

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 09 / 2014

**Transaction ID : SA11AI.4381**

Amount of Each Receipt this Period  
500.00

Campaign Donation

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

Mailing Address 2108 Terrace Ave

City Knoxville State TN Zip Code 37916

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  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2014

**Transaction ID : SA11AI.4382**

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).....

4100.00

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

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

FOR LINE NUMBER: PAGE 14 OF 39  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mike McWherter**

Mailing Address P.O. BOX 1762

City Jackson State TN Zip Code 38302

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

Name of Employer Budweiser Distribution Occupation Executive

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.4396**

Amount of Each Receipt this Period  
 Campaign Donation 250.00

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

Mailing Address 3076 Rivermont Rd

City Chattanooga State TN Zip Code 37415

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.4400**

Amount of Each Receipt this Period  
 Campaign Donation 2500.00

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

Mailing Address 3076 Rivermont Rd

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11AI.4402**

Amount of Each Receipt this Period  
 Campaign Donation 2600.00

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

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

5350.00

**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 39
	<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)  
**Sharon Mills**

Mailing Address 1 Union Sq  
Ste. 604

City Chattanooga State TN Zip Code 37402-2514

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

Name of Employer Self-Employed Occupation Investment

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2014

**Transaction ID : SA11AI.4404**

Amount of Each Receipt this Period  
2500.00

Campaign Donation

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

Mailing Address 134 Oliver Dr

City Madisonville State TN Zip Code 37354

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  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.4435**

Amount of Each Receipt this Period  
100.00

Campaign Donation

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

Mailing Address 110 31st Ave N  
Apt 1001

City Nashville State TN Zip Code 37203

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  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2014

**Transaction ID : SA11AI.4442**

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).....

3600.00

**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 39
	<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)  
**Joseph Paden**

Mailing Address 406 Barrington Rd

City State Zip Code  
Signal Mountain TN 37377

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 12 / 2014

**Transaction ID : SA11AI.4444**

Amount of Each Receipt this Period  
700.00

Campaign Donation

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

Mailing Address 167 Brook Hollow Dr SE

City State Zip Code  
Cleveland TN 37323

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
277.32

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.4451**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

Mailing Address 19 Patten Pkwy

City State Zip Code  
Chattanooga TN 37402-2211

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 26 / 2014

**Transaction ID : SA11AI.4454**

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).....

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 17 OF 39
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 130 Oklahoma

City State Zip Code  
Oak Ridge TN 37830

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2014

**Transaction ID : SA11AI.4456**

Amount of Each Receipt this Period  
2000.00

Campaign Donation

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

Mailing Address 10366 Rather Road

City State Zip Code  
Knoxville TN 37931

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

Name of Employer Occupation  
None Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2014

**Transaction ID : SA11AI.4480**

Amount of Each Receipt this Period  
300.00

Campaign Donation

**C.** 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 Occupation  
None Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2014

**Transaction ID : SA11AI.4484**

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).....

2800.00

**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 39
	<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)  
**Jimmy Seal**

Mailing Address 22 Shoal Creek Falls

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer Occupation  
Molly Seal Ophthalmology Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 21 / 2014

**Transaction ID : SA11AI.4493**

Amount of Each Receipt this Period  
500.00

Campaign Donation

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

Mailing Address 216 Scenic Hwy

City State Zip Code  
Lookout Mountain TN 37350

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

Name of Employer Occupation  
None Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 09 / 2014

**Transaction ID : SA11AI.4516**

Amount of Each Receipt this Period  
500.00

Campaign Donation

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

Mailing Address 6611 Ridgerock Ln

City State Zip Code  
Knoxville TN 37909

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 21 / 2014

**Transaction ID : SA11AI.4528**

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).....

1250.00

**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 39
	<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)  
**Ina Sturgeon**

Mailing Address 7836 Westwind Ln

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : SA11AI.4536**

Amount of Each Receipt this Period  
500.00

Campaign Donation

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

Mailing Address 1808 Hidden Harbor Rd

City State Zip Code  
Hixson TN 37343

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

Name of Employer Occupation  
None Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4555**

Amount of Each Receipt this Period  
500.00

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).....

1000.00

42810.00

**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 39
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address P.O. BOX 218

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

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

Name of Employer: None Occupation: Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 15.00

Date of Receipt: 02 / 27 / 2014

**Transaction ID : SA11D.4662**

Amount of Each Receipt this Period: 15.00

In-kind - GCFDW Womens Fed Member/Itemization Not Required

**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: 26.89

Date of Receipt: 03 / 07 / 2014

**Transaction ID : SA11D.4579**

Amount of Each Receipt this Period: 11.89

In-kind - USPS Postage Filing Forms Certified/Itemization Not Required

**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: 1026.89

Date of Receipt: 03 / 07 / 2014

**Transaction ID : SA11D.4600**

Amount of Each Receipt this Period: 1000.00

In-kind - Donation to Campaign

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

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

1026.89

**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 39
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address P.O. BOX 218

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

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

Name of Employer: None Occupation: Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1145.86

Date of Receipt: 03 / 19 / 2014

**Transaction ID : SA11D.4578**

Amount of Each Receipt this Period: 43.97

In-kind - Crashpad Lodging

**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: 1101.89

Date of Receipt: 03 / 19 / 2014

**Transaction ID : SA11D.4580**

Amount of Each Receipt this Period: 75.00

In-kind - TNFDW Ads/Itemization Not Required

**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: 1172.65

Date of Receipt: 03 / 19 / 2014

**Transaction ID : SA11D.4599**

Amount of Each Receipt this Period: 26.79

In-kind - US Cellular Air Card Internet WiFi for 631 & Travel/Itemization Not Required

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

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

145.76

**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 39
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address P.O. BOX 218

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

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

Name of Employer: None Occupation: Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1272.65

Date of Receipt: 03 / 19 / 2014

**Transaction ID : SA11D.4612**

Amount of Each Receipt this Period: 100.00

In-kind - TNFDW Convention Meeting/Itemization Not Required

**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: 1389.17

Date of Receipt: 04 / 02 / 2014

**Transaction ID : SA11D.4613**

Amount of Each Receipt this Period: 116.52

In-kind - Office Depot Paper, Ink Labels for Voter List/Itemization Not Required

**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: 1407.53

Date of Receipt: 04 / 15 / 2014

**Transaction ID : SA11D.4602**

Amount of Each Receipt this Period: 18.36

In-kind - KUB Electric 631 HQ Use/Itemization Not Required

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

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

234.88

**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 39
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address P.O. BOX 218

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

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

Name of Employer: None    Occupation: Not Employed

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 1440.29

Date of Receipt: 04 / 29 / 2014

**Transaction ID : SA11D.4576**

Amount of Each Receipt this Period: 32.76

In-kind - HQ Costco Filter/Itemization not Required

**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: 1604.15

Date of Receipt: 05 / 04 / 2014

**Transaction ID : SA11D.4591**

Amount of Each Receipt this Period: 163.86

In-kind - Toner for B&W HP/Itemization Not Required

**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: 1736.06

Date of Receipt: 05 / 09 / 2014

**Transaction ID : SA11D.4577**

Amount of Each Receipt this Period: 131.91

In-kind - Crashpad Lodging/Itemization not required

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

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

328.53

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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

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

Mailing Address P.O. BOX 218

City Maynardville State TN Zip Code 37807-0218

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

Name of Employer None Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1749.52**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11D.4603**

Amount of Each Receipt this Period  
**13.46**

In-kind - KUB Electric 631 HQ Use

**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 **1749.52**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11D.4622**

Amount of Each Receipt this Period  
**0.00**

Monthly Fee for political strategy and fundraising advisory consultations  
**[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 **1784.93**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11D.4604**

Amount of Each Receipt this Period  
**35.41**

In-kind - KUB Electric 631 HQ Use

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

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

**48.87**



**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 39
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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

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

Mailing Address P.O. BOX 218

City Maynardville State TN Zip Code 37807-0218

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

Name of Employer None Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1834.93**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : SA11D.4618**

Amount of Each Receipt this Period  
**50.00**

In-kind - VAN Robocall/Itemization Not Required

**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  
**1848.93**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : SA11D.4589**

Amount of Each Receipt this Period  
**14.00**

In-kind - Harrison Ruritan Forum Tickets/Itemization not Required

**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  
**1942.93**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 19 / 2014**

**Transaction ID : SA11D.4590**

Amount of Each Receipt this Period  
**14.00**

In-kind - Harrison Ruritan Forum Tickets

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

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

**78.00**

**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 39
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Dr. Mary M Headrick</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address P.O. BOX 218		<b>Transaction ID : SA11D.4592</b>
City Maynardville	State TN	Zip Code 37807-0218
FEC ID number of contributing federal political committee. C H2TN03144	Amount of Each Receipt this Period 80.00	
Name of Employer None	Occupation Not Employed	In-kind - Jackson Day Dinner, McMinne Dem Party/Itemization Not Required
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1928.93	

Full Name (Last, First, Middle Initial) <b>Dr. Mary M Headrick</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address P.O. BOX 218		<b>Transaction ID : SA11D.4611</b>
City Maynardville	State TN	Zip Code 37807-0218
FEC ID number of contributing federal political committee. C H2TN03144	Amount of Each Receipt this Period 54.50	
Name of Employer None	Occupation Not Employed	In-kind - Suburban Propane Utilities 6 mo tank rent/Itemization Not Required
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1997.43	

Full Name (Last, First, Middle Initial) <b>Dr. Mary M Headrick</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address P.O. BOX 218		<b>Transaction ID : SA11D.4601</b>
City Maynardville	State TN	Zip Code 37807-0218
FEC ID number of contributing federal political committee. C H2TN03144	Amount of Each Receipt this Period 5.00	
Name of Employer None	Occupation Not Employed	In-kind - Donation to Campaign/Itemization not Required
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2002.43	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	139.50
<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: PAGE 27 OF 39

(check only one)

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

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11D.4664**

Amount of Each Receipt this Period  

1253.20
---------

In-kind - Travel Mileage Cost at \$0.52/mile

**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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period  

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

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

1253.20
3255.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 39		
	<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. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. BOX 441146		Amount of Each Disbursement this Period 337.48 <b>Transaction ID : SB17.4659</b>
City SOMERVILLE	State MA	
Zip Code 02144	Purpose of Disbursement Online Contribution Fees as of 6/30/2014 (Withdrawn Pre-Transfer)	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address P.O. BOX 536216		Amount of Each Disbursement this Period 97.41 <b>Transaction ID : SB17.4649</b>
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Campaign Cell (423-330-8018)	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address P.O. BOX 536216		Amount of Each Disbursement this Period 41.19 <b>Transaction ID : SB17.4657</b>
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Campaign Cell (423-330-8018)	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	476.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 39	
	<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 03 / 07 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4609</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - Donation to Campaign		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input 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 03 / 19 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 75.00 <b>Transaction ID : SB17.4584</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - TNFDW Ads/Itemization Not Required		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input 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 03 / 19 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 43.97 <b>Transaction ID : SB17.4586</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - Crashpad Lodging		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1118.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 39	
	<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 03 / 19 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 26.79 <b>Transaction ID : SB17.4610</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - US Cellular Air Card Internet WiFi for 631 & Travel/Itemization Not Required	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input 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 03 / 19 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4616</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - TNFDW Convention Meeting/Itemization Not Required	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input 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 04 / 02 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 116.52 <b>Transaction ID : SB17.4615</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Office Depot Paper, Ink Labels for Voter List/Itemization Not Required	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	243.31
<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 31 OF 39		
	<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 04 / 15 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 18.36 <b>Transaction ID : SB17.4607</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - KUB Electric 631 HQ Use/Itemization Not Required		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input 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 04 / 29 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 32.76 <b>Transaction ID : SB17.4588</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - HQ Costco Filter/Itemization not Required		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input 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 05 / 04 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 163.86 <b>Transaction ID : SB17.4594</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - Toner for B&W HP/Itemization Not Required		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	214.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 39	
	<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 05 / 04 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.4668</b>
City Maynardville	State TN	
Purpose of Disbursement Electronic Transfer was made to BattleGround Solutions		Category/ Type 010
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Battleground Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 703 E Long St Unit #4		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4668.0</b> <b>[MEMO ITEM]</b>
City Columbus	State OH	
Purpose of Disbursement Political Strategy and Fundraising Advisor Consultants (monthly fee)		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 checked="" type="checkbox"/> Primary <input 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 05 / 09 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 131.91 <b>Transaction ID : SB17.4587</b>
City Maynardville	State TN	
Purpose of Disbursement In-kind - Crashpad Lodging/Itemization not required		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	131.91
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 39	
	<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 05 / 14 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 13.46
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - KUB Electric 631 HQ Use	Transaction ID : SB17.4606
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input 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 06 / 02 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Repayment of Candidate Advance for Monthly Consultant Fee	Transaction ID : SB17.4669
Candidate Name <b>Headrick for Congress</b>	Category/Type 010	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input 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 M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 703 E Long St Unit #4		Amount of Each Disbursement this Period 3701.80
City Columbus	State OH	
Zip Code 43203	Purpose of Disbursement Political Strategy and Fundraising Advisor Consultants (monthly fee)	Transaction ID : SB17.4669.0 <b>[MEMO ITEM]</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 39		
	<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 06 / 12 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 99.41 <b>Transaction ID : SB17.4605</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - KUB Electric 631 HQ Use	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
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 06 / 17 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4620</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - VAN Robocall/Itemization Not Required	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
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 06 / 18 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : SB17.4596</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Harrison Ruritan Forum Tickets/Itemization not Required	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	99.41
<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 39			
	<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 06 / 19 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.4593</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Jackson Day Dinner, McMinne Dem Party/Itemization Not Required	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input 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 06 / 19 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : SB17.4595</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Harrison Ruritan Forum Tickets	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input 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 06 / 23 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 54.50 <b>Transaction ID : SB17.4617</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Suburban Propane Utilities 6 mo tank rent/Itemization Not Required	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	148.50
<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 39	
	<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 06 / 29 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 5.00 <b>Transaction ID : SB17.4608</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Donation to Campaign/Itemization not Required	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input 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 06 / 30 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 1253.20 <b>Transaction ID : SB17.4665</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement In-kind - Travel Mileage Cost at \$0.52/mile	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Jerry Howard</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 316 High St Apt 6		Amount of Each Disbursement this Period 386.14 <b>Transaction ID : SB17.4653</b>
City Chattanooga	State TN	
Zip Code 37403	Purpose of Disbursement Database Management Mary Fixed File	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1644.34
<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 39	
	<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. Jerry Howard</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 316 High St Apt 6		Amount of Each Disbursement this Period 471.17 <b>Transaction ID : SB17.4656</b>
City Chattanooga	State TN Zip Code 37403	
Purpose of Disbursement Database Management Mary Fixed File		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jerry Howard</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 316 High St Apt 6		Amount of Each Disbursement this Period 301.00 <b>Transaction ID : SB17.4658</b>
City Chattanooga	State TN Zip Code 37403	
Purpose of Disbursement Database Management MaryFixedFile		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ralph Hubbard</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 280 Hackworth		Amount of Each Disbursement this Period 520.00 <b>Transaction ID : SB17.5730</b>
City Clinton	State TN Zip Code 37716	
Purpose of Disbursement In-kind - Web Server & web page March, April		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1292.17
<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 39			
	<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 05 / 01 / 2014
Mailing Address 280 Hackworth		Amount of Each Disbursement this Period 520.00 <b>Transaction ID : SB17.5732</b>
City Clinton	State TN	
Purpose of Disbursement In-kind - Web server & web page month of May		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Ralph Hubbard</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 280 Hackworth		Amount of Each Disbursement this Period 520.00 <b>Transaction ID : SB17.5734</b>
City Clinton	State TN	
Purpose of Disbursement In-kind - Web Server & Web page month of June		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. TENNESSEE DEMOCRATIC PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1900 CHURCH STREET, SUITE 203		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4630</b>
City NASHVILLE	State TN	
Purpose of Disbursement TNDP VoteBuilder		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2540.00
<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 39 OF 39	
	<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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 3009 Maynardville Hwy		Amount of Each Disbursement this Period 103.80
City Maynardville	State TN	
Zip Code 37807-9998	Purpose of Disbursement Postage Stamps	<b>Transaction ID : SB17.4637</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 3009 Maynardville Hwy		Amount of Each Disbursement this Period 196.00
City Maynardville	State TN	
Zip Code 37807-9998	Purpose of Disbursement Postage Stamps	<b>Transaction ID : SB17.4652</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	299.80
<b>TOTAL</b> This Period (last page this line number only).....	8222.93