

# 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 08 / 07 / 2014 in the State of TN

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

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

Election on / / in the State of

5. Covering Period

07 / 01 / 2014 through 07 / 18 / 2014

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

Type or Print Name of Treasurer Detlef Matt

Signature of Treasurer Detlef Matt

[Electronically Filed]

Date

01 / 31 / 2015

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Headrick for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 07 / 18 / 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))....	4440.00	65545.95
(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)).....	4440.00	65545.95
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	911.00	9859.58
(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)).....	911.00	9859.58
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>55686.37</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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).....	3275.00	46085.00
(ii) Unitemized.....	1165.00	16205.32
(iii) TOTAL of contributions from individuals ▶	4440.00	62290.32
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	3255.63
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4440.00	65545.95
<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>	4440.00	65545.95

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	911.00	9859.58
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) ►	911.00	9859.58

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	52157.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4440.00
25. SUBTOTAL (add Line 23 and Line 24).....	56597.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	911.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	55686.37

**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 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Brent Mills**

Mailing Address 1512 Lexington Ave

City State Zip Code  
Chattanooga TN 37405

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

Name of Employer Occupation  
Self-Employed Photographer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2014

**Transaction ID : SA11AI.4743**

Amount of Each Receipt this Period  
500.00

Campaign Donation

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

Mailing Address 1103 Fleetwood Dr

City State Zip Code  
Lookout Mountain GA 30750

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

Name of Employer Occupation  
Pantheon Capital Investment Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2014

**Transaction ID : SA11AI.4761**

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  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : SA11AI.4758**

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).....

1525.00

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

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

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

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

Mailing Address 161 Lakeview Dr

City McMurray State PA Zip Code 15317

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 Y  
 07 / 03 / 2014

**Transaction ID : SA11AI.4729**

Amount of Each Receipt this Period  
 250.00

Campaign Donation

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

Mailing Address 1808 Hidden Harbor Rd

City Hixson State TN Zip Code 37343

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 Y Y  
 07 / 09 / 2014

**Transaction ID : SA11AI.4753**

Amount of Each Receipt this Period  
 1000.00

Campaign Donation

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

Mailing Address 108 Handel Ln

City Oak Ridge State TN Zip Code 37830

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

Name of Employer None Occupation Retired Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.4692**

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).....

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input 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)  
**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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 05 / 2014

**Transaction ID : SA11Al.4735**

Amount of Each Receipt this Period  
250.00

Campaign Donation

**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).....

250.00

3275.00

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

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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 M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11D.4695**

Amount of Each Receipt this Period  
 0.00

Advance for Monthly Fee for political strategy and fundraising advisory consultations  
**[MEMO ITEM]**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

0.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 10
	<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 07 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 155.94 <b>Transaction ID : SB17.4697</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Chattanooga Times Free Press 6 month subscription	Category/ Type 001
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 07 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 42.86 <b>Transaction ID : SB17.4698</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Tennessean July 1-31	Category/ Type 001
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 07 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 192.20 <b>Transaction ID : SB17.4699</b>
City Maynardville	State TN	
Zip Code 37807-0218	Purpose of Disbursement Knoxville News Sentinel 5-Month Subscription	Category/ Type 001
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).....	391.00
<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 10 OF 10			
	<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 07 / 01 / 2014
Mailing Address P.O. BOX 218		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.4717</b>
City Maynardville	State TN	
Purpose of Disbursement Repayment for Monthly Consultant Fee Advance		Category/ Type 008
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 07 / 01 / 2014
Mailing Address 703 E Long St Unit #4		Amount of Each Disbursement this Period 3587.00 <b>Transaction ID : SB17.4717.0</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. Ralph Hubbard</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 280 Hackworth		Amount of Each Disbursement this Period 520.00 <b>Transaction ID : SB17.5728</b>
City Clinton	State TN	
Purpose of Disbursement In-Kind Web Server and Web Page July		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 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).....	520.00
<b>TOTAL</b> This Period (last page this line number only).....	911.00