12030874153

FEC FORM 1

STATEMENT OF **ORGANIZATION**

AM 8: 49

			2012 Addracel Use offity			
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4FEC MAIL CENTER			
MarymHeadin	ick FOIT (0	WGIRESSI I I I I				
ADDRESS (number and street)	66101 HUNIY	CAN HOLLOW	RID POBOXIZISI			
◆ (Check if address is changed)						
	MAYKRITIGIVI	1/6	TIP 37807-02/8 STATE ▲ ZIP CODE ▲			
COMMITTEE'S E-MAIL ADDRE	ESS					
(Check if address is changed)	Marx @ Marx	terdrick, clom				
is situated,	Optional Second E-Mail Add					
COMMITTEE'S WEB PAGE AD	DRESS (URL)					
(Check if address is changed)	luww.manxil	read Mick COA	<u> </u>			
2. DATE 08 01 2013						
3. FEC IDENTIFICATION N	IUMBER ▶ C 0	0510 602				
						
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)				
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.			
Type or Print Name of Treasure		Brown				
Signature of Treasurer	Zhyllir Brow	<u>~</u>	Date 68 07 2012			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ECL. CLIENT I			

5.

1 20 10	Till 1 (Neviseu 02/2005)					
TYPE OF C	OMMITTEE					
Candidate	e Committee:					
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	Mary M Headrick					
Candidate Party Affiliati	Mary M Headrick Office State T_N on $D \in M$ Sought: X House Senate President District $O : S$	<i>/</i>				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate		لــ				
Party Con	nmittee:					
(d) .	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party	y.				
Political A	ction Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	a:				
	Corporation Corporation w/o Capital Stock Labor Organization					
	Membership Organization Trade Association Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)	y				
	In addition, this committee is a Lobbyial/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fund	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/onganizations, at least one of which is an authorized committee of a federal sandidate.					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Corr	mittees Participating in Joint Fundraiser					
1.	FEC ID number C					
2.	FEC ID number C					
3.	FEC ID number C					
4.	FEC ID number C					

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v	Vrite or Type Committee Nam	е				
	Mary M Head	Irick for Congress				
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAG						
L						
L						
	Mailing Address					
	•	CITY STATE ZIP	CODE			
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor			
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in posses	sion of committee			
	Mar	M. Headrick				
	Full Name	Po Box 218				
	Mailing Address					
			<u> </u>			
		may wardville TV B1780	7-6218			
	Title or Position	CITY STATE ZIP	CODE			
	Kandidate	Telephone number 865 - 99	7-V.965			
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of			
	Full Name of Treasurer	11/115 Bx04 K				
	Mailing Address	14/10 Millbiro Circle				
			11111			
		Chattangoga 1111 304/2	3]-[
	Title or Desition		CODE			
	Title or Position Title OF Position	Telephone number 433-86	2-19154			

9.

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Full Name of Designated Agent	GER Matt					
Mailing Address	P.O. B.O. 2/8					
,	Maguardui/Ve	STATE	71807 - 02/8 ZIP CODE			
Title or Position ASSIS FAMILY	Typasiure it Telep	phone number 82	651-19621-V.965T			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.						
Name of Bank, Depository, e	tc.					
456	Bank N. a. Maxnerso	ille				
Mailing Address	Pa Box 30911111					
	May na rd Ville	II TM	37807-6309			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, e	itc.					
L	<u> </u>	1 1 1 1 1 1 1				
Mailing Address						
		ليا ليا	لسبا-لسبا			
	CITY	STATE	ZIP CODE			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED