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<u>8</u> ⊠	Yes	ependent child	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION because they	
8 ⊠	¥ ₈	not be	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTSD disclosed. Ha	
Ø	QUESTION	OF THESE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	EXCLUSI	
	response.	each "Yes"	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		
₹	¥ 6	\$5,000 from	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yee, complete and attach Schedule III.	III. Did you, yo able liability (m If yee, comple	
8 ⊠	8 □	rrangement	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold arry reportable asset worth more than \$1,000 at the end of the period? Yes No With an outside entity? If yes, complete and attach Schedule II.	II. Did you, you income of more reportable asset if yes, comple	
Š	es	before the date or two years?	t. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	t. Did you or you sees) of \$200 on If yes, comple	
			PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	PRELIMIN	_
* `			In all sections, please type or print clearly in blue or black ink.	in all sections,	
assessed who files	A \$200 penalty shall be a against any individual we more than 30 days late.	A \$200 per against an more than	Candidate for the State: The Date of Page of Representatives District: 3 Election: Nav. 4, 2014 Amendment New officer or Employing Office:	Filer Status	
	(Office Use Only)				_
	1	7 /	Mary M. Headrick Daytime Telephone:	Name: 1	_
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Morry M. Headvick Page 2 or 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

									J	-	Physician Self Employed	Harris County, Texas Public Schools	Examples: Institution of Indian Institution (Thomas II (Bard December 9)	XYZ Corporation, Houston, TX		Source (include date of receipt for honoraria)	
	4			ender		 5 and 5			A September 1			Spouse Salary	Honomium	Director's Fee		Туре	
			3		Level and the second se						# qaz	K	4	\$6,300	Current Year to Filing	Amount	•
		v	A STATE OF THE STA			3		, **		2	4227.8	NA	\$1,000	\$3.200	Preceding Year	Wint	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Mary M. Headrick Page 3 of

For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. Provide complete names of stocks and mutual funds (do not use ticker symbols). reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year. Ŗ 8 If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), income during the reporting period); any deposits total-ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic the end of the reporting period, and (b) any other of income with a tair market value exceeding \$1,000 at Identify (a) each asset held for investment or production Exclude: Your personal residence, including second location in Block A. in the optional column on the far left. the Thrift Savings Plan. homes and vacation homes (unless there was rental please refer to the instruction booklet. For a detailed discussion of Schedule II requirements Asset and/or Income Source (our. Bomber + TN PSA AAGN Stock TRA WET FBR/ Henn-Sx ORNE SP Mega Corp. Stock Simon & Schuster BLOCK A 1st Bank of Paducah, KY accounts Federal bredit Your Makud in If an asset was sold during the report-> by your spouse or dependent child. it generated income, the value should be "None." please specify the method used. method other than fair market value, reporting year. If you use a valuation ing year and is included only because Indicate value of asset at close of None This column is for assets solely held Œ \$1 - \$1,000 c \$1,001 - \$15,000 ō \$15,001 - \$50,000 Value of Asset Ξ 7 × \$50,001 - \$100,000 BLOCK B T \$100,001 - \$250,000 o \$250,001 - \$500,000 I \$500,001 -- \$1,000,000 _ \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 * \$25,000,001 - \$50,000,000 Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000* NONE Check all columns that apply. For retirement accounts that do not during the reporting period if the asset generated no income closed as income, Check "None" If reinvested, must be interest, and capital gains, even "Tax-Deferred" column. Dividends plans or IRAs), you may chack the investments of that generate taxallow you to choose specific terred income (such as 401(k) DIVIDENDS Type of Income RENT BLOCK C INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income 물 (Specify: e.g., Partnership Income or Farm Income) None * This column is for income derived from assets solely held by your and capital gains, even if reinvested, must be disclosed income by checking the appropriate box below. Dividends, interest check the "None" column. For all other assets, indicate the category of spouse or dependent child income. Check "None" if no income was earned or generated. For assets for which you checked "Tax-Deferred" in Block C, you may = \$1 - \$200≖ \$201 - \$1,000 2 \$1,001 - \$2,500 **Current Year** < × \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 × \$100,001 - \$1,000,000 Amount of income \$1,000,001 - \$5,000,000 × × Over \$5,000,000 BLOCK D ¥ Spouse/DC income over \$1,000,000 _ None = \$1 - \$200並 \$201 - \$1,000 Preceding Year ₹ \$1,001 - \$2,500 < × \$2,501 - \$5,000 N N \$5,001 -- \$15,000 \sim \$15,001 - \$50,000 \$50,001 - \$100,000 ᆽ \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × × Over \$5,000,000 ¥ Spouse/DC income over \$1,000,000

SCHEDULE III — LIABILITIES

Name Mary M. Headrick

Page 5 of 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

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#### SCHEDULE IV - POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

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#### SCHEDULE V -- AGREEMENTS

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Page 6 or 6

identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule 1.

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