

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 Use Only 2 AUG 10 10

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER Dr. Pam Barlow for Congress

ADDRESS (number and street) 100 N. Smythe Bowie TX 76230 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 00500496 CITY STATE ZIP CODE STATE DISTRICT TX 13

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X 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: X 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 4-1-14 through 6-30-14

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

Signature of Treasurer

Pamela Barlow, Sr

Date

25 Aug 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**

of Receipts and Disbursements

Write or Type Committee Name

Dr. Pam Barlow for Congress

Report Covering the Period:

From:

4-01-14

To:

6-30-14

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	25.00	22,888.00
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25.00	22,888.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	333.74	19,869.24
(b) Total Offsets to Operating Expenditures (from Line 14).....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	333.74	19,869.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3754.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

**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**

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

Dr. Pam Barlow

Report Covering the Period:

From:

4-1-14

&

6-30-14

To:

**I. RECEIPTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

11. CONTRIBUTIONS (other than loans) FROM:

25.00

22,888.00

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

25.00

22,888.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0

0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

25.00

22,888.00

**DETAILED SUMMARY PAGE**

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	333.74	19,869.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS.....	0	19,869.24
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	333.74	19,869.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4063.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25.00
25. SUBTOTAL (add Line 23 and Line 24).....	4088.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	333.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3754.63

FROM FRONT PAGE

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

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)  
**Dr. Pam Barlow for Congress**

Full Name (Last, First, Middle Initial)  
**A Jonathan Willy**

Mailing Address  
 City State Zip Code

Date of Receipt  
**4/28/14**

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
**200**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address  
 City State Zip Code

Date of Receipt

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Amount of Each Receipt this Period

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

Mailing Address  
 City State Zip Code

Date of Receipt

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Amount of Each Receipt this Period

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

**25.00**

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

**25.00**

143001100114301

**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 / OF 2	
	<input 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)  
**Dr. Pam Barlow for Congress**

Full Name (Last, First, Middle Initial) <b>Republican Party RPT Co</b>		Date of Disbursement <b>5/6/14</b>
Mailing Address <b>512 477-9821</b>		Amount of Each Disbursement this Period <b>50.00</b>
City <b>TX</b>	State <b>TX</b>	
Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period <b>61.70</b>
Candidate Name		
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: _____		

Full Name (Last, First, Middle Initial) <b>Murphy Express</b>		Date of Disbursement <b>4/15/14</b>
Mailing Address <b>Wichita Falls TX</b>		Amount of Each Disbursement this Period <b>19.04</b>
City <b>TX</b>	State <b>TX</b>	
Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period <b>130.74</b>
Candidate Name		
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: _____		

Full Name (Last, First, Middle Initial) <b>Facebook 352 5R 5S 762</b>		Date of Disbursement <b>4/2/14</b>
Mailing Address <b>WWW.FB.ME CC CA</b>		Amount of Each Disbursement this Period <b>130.74</b>
City <b>CA</b>	State <b>CA</b>	
Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period <b>130.74</b>
Candidate Name		
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: _____		

SUBTOTAL of Disbursements This Page (optional).....	<b>130.74</b>
TOTAL 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 2 OF 2

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

**A** Townsquare Media  
Mailing Address  
940-763-1111  
City Wichita Falls State TX Zip Code  
Purpose of Disbursement  
Advertising  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State TX District 13

Date of Disbursement

6-09-14

Amount of Each Disbursement this Period

203.00

**B**  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State District

Date of Disbursement

Amount of Each Disbursement this Period

**C**  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State District

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

203.00

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

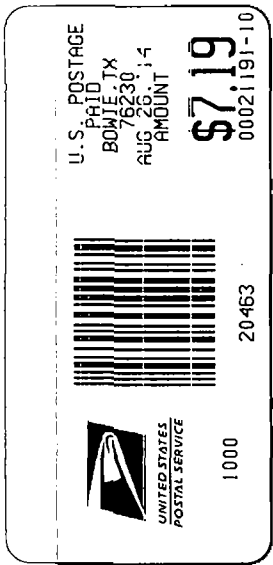
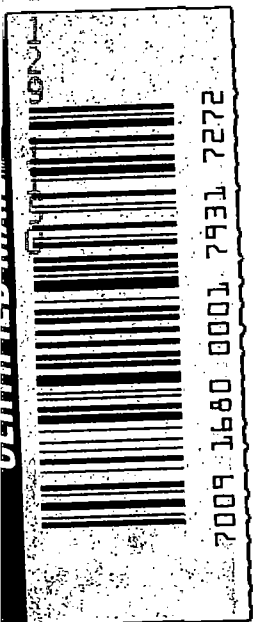
333.74

1401110111110

Bowie Pest Clinic  
Sam Barlow, DVM  
100 N. Smythe St  
Bowie, TX 76230

RETURN RECEIPT  
REQUESTED

Federal Election Comm,  
999 E Street NW  
Wash. DC, 20463



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2014 SEP -2 AM 10:10  
REC MAIL CENTER

