

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2012 MAY 7 AM 11:43

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **1250 MAIL CENTER**

DR Pam Barlow For Congress

ADDRESS (number and street) **PO Box 1637**

Check if different than previously reported. (AOC) **Bowie TX 76230 1637**

2. FEC IDENTIFICATION NUMBER **C00500496**

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

CITY STATE ZIP CODE STATE DISTRICT
TX 13

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 05 29 2012 in the State of TX

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

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

Election on _____ in the State of _____

5. Covering Period 01 01 2012 through 03 31 2012

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 Carmen A. Wood

Signature of Treasurer Carmen A. Wood Date 04 15 2012

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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FEC FORM 3
(Revised 02/2003)

12030804145

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Dr. Pam Barlow for Congress

Report Covering the Period From 01 ' 01 ' 2012 To 03 ' 31 ' 2012

12030804146

	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))....	3820 00	10 060 00
(b) Total Contribution Refunds (from Line 20(d)).....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3820 00	10 060 00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	2373.04	6960 53
(b) Total Offsets to Operating Expenditures (from Line 14).....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2373.04	6960.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3097.47	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

Dr. Pamela Barlow for Congress

Report Covering the Period

From

01' 01' 2012

To

03' 31' 2012

I. RECEIPTS

**COLUMN A
Total This Period**

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

11. CONTRIBUTIONS (other than loans) FROM

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (Use Schedule A).....

3820 00

10 060 00

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

3820 00

10 060 00

(b) Political Party Committees.....

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

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(ii), (b), (c), and (d))..

3820 00

10 060 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)).....

00

00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

00

00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

00

00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

3820 00

10 060 00

12030804147

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	237304	696053
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)).....		
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)).....		
21. OTHER DISBURSEMENTS.....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	237304	696053

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	165061
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	382000
25. SUBTOTAL (add Line 23 and Line 24).....	547061
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	237304
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	309747

12030804148

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

12030804149

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. Pamela Barlow for Congress

A

Full Name (Last, First, Middle Initial)
Catherine Lustgarten

Mailing Address
PO Box 700311

City State Zip Code
Dallas TX 75370

FEC ID number of contributing federal political committee.
C00500496

Name of Employer
Animal Radiology Clinic

Occupation
Veterinarian

Receipt For:
 Primary General
Other (specify)

Election Cycle-to-Date

Date of Receipt
01 ' 18 ' 2012

Amount of Each Receipt this Period
400.00

B

Full Name (Last, First, Middle Initial)
Dave Taylor

Mailing Address
43441 state Hwy 17 S.

City State Zip Code
Dallas TX 79734

FEC ID number of contributing federal political committee.
C00500496

Name of Employer
Fort Davis Veterinary

Occupation
Veterinarian

Receipt For:
 Primary General
Other (specify)

Election Cycle-to-Date

Date of Receipt
01 ' 30 ' 2012

Amount of Each Receipt this Period
100.00

C

Full Name (Last, First, Middle Initial)
Ryan K. Brewster

Mailing Address
6502 Robbie

City State Zip Code
Amarillo TX 79119

FEC ID number of contributing federal political committee.
C00500496

Name of Employer

Occupation

Receipt For:
 Primary General
Other (specify)

Election Cycle-to-Date

Date of Receipt
01 ' 17 ' 2012

Amount of Each Receipt this Period
250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) Marvin Kuhn		Date of Receipt
Mailing Address 6122 Fm 723 Rd		01 01 2012
City Richmond	State Zip Code TX 77406	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer	Occupation	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Clarence Cochran		Date of Receipt
Mailing Address 205 S. Timbercreek Dr.		01 19 2012
City Amarillo	State Zip Code TX 79119	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer Retired	Occupation United Airlines Pilot	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Alice Wolf		Date of Receipt
Mailing Address JW Coyote Creek Ranch		01 19 2012
City Bryan	State Zip Code TX	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer Self-Employed	Occupation Veterinarian	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

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NAME OF COMMITTEE (In Full)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) A Don Schaub		Date of Receipt
Mailing Address 103 Quail Hollow		01 16 2012
City Sunset	State Zip Code TX 76270	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer	Occupation	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B James Silverton		Date of Receipt
Mailing Address 2495 6th Ave		01 30 2012
City Canyon	State Zip Code TX 79015	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer	Occupation	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C Thomas Gilbreath		Date of Receipt
Mailing Address 3418 Harmony St.		02 23 2012
City Amarillo	State Zip Code TX 79109	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer	Occupation	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

12030804152

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NAME OF COMMITTEE (In Full)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) A Karen Werner-Petak		Date of Receipt
Mailing Address 12039 E. Circle Dr.		02 27 2012
City Houston	State Zip Code TX 77071	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer	Occupation Veterinarian	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B Bill Ehrlich		Date of Receipt
Mailing Address 135 Martin St.		02 24 2012
City Lewisville	State Zip Code TX 75057	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer Retired	Occupation	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C Conrad Masterson		Date of Receipt
Mailing Address 3601 Turtle Creek Blvd #1103		02 25 2012
City Dallas	State Zip Code TX 75219	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer Retired	Occupation Rancher	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL 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 5 OF 10			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) Robert Eggleston		Date of Receipt 02 08 2012
Mailing Address PO Box 1096		Amount of Each Receipt this Period 500.00
City Gainesville	State TX Zip Code 76241	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Don Schaub		Date of Receipt 02 14 2012
Mailing Address 103 Quail Hollow		Amount of Each Receipt this Period 150.00
City Sunset	State TX Zip Code 76270	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Wayne Ballard		Date of Receipt 03 20 2012
Mailing Address 1149 Country Club Rd		Amount of Each Receipt this Period 100.00
City Dowle	State TX Zip Code 76230	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer Retired	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

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NAME OF COMMITTEE (in full)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) James Cantwell		Date of Receipt
Mailing Address 3084 FM 174		03 22 2012
City Bowie	State Zip Code TX 76230	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer	Occupation	250.00
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Edward Clack		Date of Receipt
Mailing Address 1190 SW 3rd		03 17 2012
City Burkburnett	State Zip Code TX 76354	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer Self-Employed	Occupation FARMER	20.00
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Loretta Ehrlund		Date of Receipt
Mailing Address 11710 Shotgun Way		03 03 2012
City Helotes	State Zip Code TX 78023	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period
Name of Employer	Occupation	100.00
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	370.00
TOTAL This Period (last page this line number only).....	

12030804154

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

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NAME OF COMMITTEE (In Full)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) A William Craig		Date of Receipt
Mailing Address 15610 Robin Ridge		03 11 2012
City San Antonio	State TX	
Zip Code 78248		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B Harold Ray Emerson		Date of Receipt
Mailing Address 4420 Village Oak Dr		03-06 2012
City Waco	State TX	
Zip Code 76710		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer Self-Employed	Occupation Veterinarian	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C Eve Gerome		Date of Receipt
Mailing Address 1784 n. State Hwy 78		03 10 2012
City Bonham	State TX	
Zip Code 75418		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer Town + Country Alliance	Occupation Veterinarian	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

12030804155

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

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NAME OF COMMITTEE (In Full)
Dr Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) A Gary Greenroy		Date of Receipt 03 22 2012
Mailing Address PO Box 504		Amount of Each Receipt this Period 100.00
City Bowie	State Zip Code TX 76230	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Carl Looten		Date of Receipt 03 25 2012
Mailing Address 101 W. Rosemont		Amount of Each Receipt this Period 150.00
City Amarillo	State Zip Code TX 79106	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Conrad Masterson		Date of Receipt 03 28 2012
Mailing Address 1062 Country Rd 188		Amount of Each Receipt this Period 100.00
City Cee Vee	State Zip Code TX 79223	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

12030804156

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

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NAME OF COMMITTEE (In Full)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) Lean Mounce		Date of Receipt 03 01 2012
Mailing Address 4382 Schehin Rd		Amount of Each Receipt this Period 100.00
City College Station TX	State Zip Code TX 77845	
FEC ID number of contributing federal political committee. C00500496		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Dr. George Jury		Date of Receipt 03 12 2012
Mailing Address 4808 50th St.		Amount of Each Receipt this Period 100.00
City Lubbock	State Zip Code TX	
FEC ID number of contributing federal political committee. C00500496		
Name of Employer SW Animal Clinic	Occupation Veterinarian	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Jeff Thompkins		Date of Receipt 03 20 2012
Mailing Address 700 W. Highway 82		Amount of Each Receipt this Period 100.00
City Nocona	State Zip Code TX 76255	
FEC ID number of contributing federal political committee. C00500496		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

12030804157

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER		PAGE 10 OF 10			
(check only one)					
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) Joe Wedsworth		Date of Receipt 03 20 2012
Mailing Address 1572 FM 1816		Amount of Each Receipt this Period 50.00
City Bowie	State TX Zip Code 76230	
FEC ID number of contributing federal political committee. C00500496		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Contractor	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Joe Wedsworth		Date of Receipt 03 15 2012
Mailing Address 1572 FM 1816		Amount of Each Receipt this Period 50.00
City Bowie	State TX Zip Code 76230	
FEC ID number of contributing federal political committee. C00500496		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Contractor	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) David Lewis		Date of Receipt 03 13 2012
Mailing Address		Amount of Each Receipt this Period 200.00
City	State Zip Code	
FEC ID number of contributing federal political committee. C00500496		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	3820.00

12030804158

**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 1 OF 14

<input checked="" 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. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial)

A Clay County Leader

Date of Disbursement

01 05 2012

Mailing Address PO Drawer 10

City Henrietta State TX Zip Code 76365

Amount of Each Disbursement this Period

Purpose of Disbursement Newspaper advertising

Candidate Name Dr. Pamela Barlow, DVM

Category/
Type

85.60

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 13

Full Name (Last, First, Middle Initial)

B Abilene Rep News

Date of Disbursement

01 11 2012

Mailing Address

City Abilene State TX Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement Newspaper Ad

Candidate Name Dr. Pamela Barlow, DVM

Category/
Type

43.14

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 13

Full Name (Last, First, Middle Initial)

C Carmen's Tax Service

Date of Disbursement

01 13 2012

Mailing Address 9310 Km 1288 S

City Bellevue State TX Zip Code 76228

Amount of Each Disbursement this Period

Purpose of Disbursement Accounting

Candidate Name Dr. Pamela Barlow, DVM

Category/
Type

108.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 13

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

236.74

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

12030804159

**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)			
	<input checked="" 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. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) A Walmart		Date of Disbursement 01 17 2012
Mailing Address		Amount of Each Disbursement this Period 52.19
City Bowtie	State TX Zip Code 76230	
Purpose of Disbursement Gasoline	Candidate Name Dr. Pamela Barlow DVM Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President		
State: TX District: 13		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement 01 18 2012
Mailing Address 9601 I-40E Exit 76		Amount of Each Disbursement this Period 19.67
City Amarillo	State TX Zip Code	
Purpose of Disbursement Gasoline	Candidate Name Dr. Pamela Barlow DVM Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President		
State: TX District: 13		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement 01-23 2012
Mailing Address		Amount of Each Disbursement this Period 98.37
City	State Zip Code	
Purpose of Disbursement Meeting Fees	Candidate Name Dr. Pamela Barlow DVM Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President		
State: TX District: 13		

SUBTOTAL of Disbursements This Page (optional).....	170.23
TOTAL This Period (last page this line number only).....	

12030804160

**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)			
	<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)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) A AT+T		Date of Disbursement 01 24 2012
Mailing Address		Amount of Each Disbursement this Period 69.91
City	State Zip Code	
Purpose of Disbursement Tele	Candidate Name Dr. Pamela Barlow DVM	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)	
State: TX District: 13		

Full Name (Last, First, Middle Initial) B WAL-Mart		Date of Disbursement 01 30 2012
Mailing Address		Amount of Each Disbursement this Period 50.00
City	State Zip Code	
Purpose of Disbursement Gasoline	Candidate Name Dr. Pam Barlow DVM	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)	
State: TX District: 13		

Full Name (Last, First, Middle Initial) C WAL-Mart		Date of Disbursement 02 01 2012
Mailing Address		Amount of Each Disbursement this Period 60.00
City	State Zip Code	
Purpose of Disbursement Gasoline	Candidate Name Dr. Pamela Barlow	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)	
State: TX District: 13		

SUBTOTAL of Disbursements This Page (optional).....	179.91
TOTAL This Period (last page this line number only).....	

12030804161

**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)			
	<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)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) A Walmart		Date of Disbursement 02 06 2012
Mailing Address Decatur TX		Amount of Each Disbursement this Period 50.00
City	State	
Purpose of Disbursement Gasoline	Zip Code	
Candidate Name Dr. Pamela Barlow DVM	Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)	
State: TX District: 13		

Full Name (Last, First, Middle Initial) B Walmart		Date of Disbursement 02 06 2012
Mailing Address Bowie TX		Amount of Each Disbursement this Period 50.00
City	State	
Purpose of Disbursement Gasoline	Zip Code	
Candidate Name Dr. Pamela Barlow DVM	Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)	
State: TX District: 13		

Full Name (Last, First, Middle Initial) C Montague County Shopper		Date of Disbursement 02 06 2012
Mailing Address Bowie TX		Amount of Each Disbursement this Period 30.85
City	State	
Purpose of Disbursement Printed Brochures	Zip Code	
Candidate Name Dr. Pamela Barlow	Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)	
State: TX District: 13		

SUBTOTAL of Disbursements This Page (optional).....	130.95
TOTAL This Period (last page this line number only).....	

12030804162

**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 5 OF 14

<input checked="" 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. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial)

A Montague County Shopper

Date of Disbursement

02 06 2012

Mailing Address

City Bowre State TX Zip Code 76230

Amount of Each Disbursement this Period

34.64

Purpose of Disbursement
Printed Brochures

Candidate Name Dr. Pamela Barlow PVM Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 13

Full Name (Last, First, Middle Initial)

B US Post Office

Date of Disbursement

02 14 2012

Mailing Address

City Bowie State TX Zip Code 76230

Amount of Each Disbursement this Period

4.60

Purpose of Disbursement
Postage

Candidate Name Dr. Pamela Barlow PVM Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 13

Full Name (Last, First, Middle Initial)

C AT&T

Date of Disbursement

02 17 2012

Mailing Address

City _____ State _____ Zip Code _____

Amount of Each Disbursement this Period

61.44

Purpose of Disbursement
Tele

Candidate Name Dr. Pamela Barlow PVM Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 13

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

100.68

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

12030804163

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)			
	<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)
Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) <u>United States Post Office</u>		Date of Disbursement <u>02 21 2012</u>	
Mailing Address		Amount of Each Disbursement this Period <u>5.75</u>	
City <u>Bowie</u>	State <u>TX</u>		Zip Code <u>76230</u>
Purpose of Disbursement <u>Postage</u>			Candidate Name <u>Dr. Pamela Barlow DVM</u>
Office Sought: House <input checked="" type="checkbox"/> Senate President			
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)			
State: <u>TX</u> District: <u>13</u>			

Full Name (Last, First, Middle Initial) <u>Carmen's TAX Service</u>		Date of Disbursement <u>02 22 2012</u>	
Mailing Address <u>9310 Fm 1288 S</u>		Amount of Each Disbursement this Period <u>130.00</u>	
City <u>Bellevue</u>	State <u>TX</u>		Zip Code <u>76228</u>
Purpose of Disbursement <u>Prep of FEC (Form 3)</u>			Candidate Name <u>Dr. Pamela Barlow DVM</u>
Office Sought: House <input checked="" type="checkbox"/> Senate President			
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)			
State: <u>TX</u> District: <u>13</u>			

Full Name (Last, First, Middle Initial) <u>Montague County Shopper</u>		Date of Disbursement <u>02 23 2012</u>	
Mailing Address		Amount of Each Disbursement this Period <u>17.32</u>	
City <u>Bowie</u>	State <u>TX</u>		Zip Code <u>76228</u>
Purpose of Disbursement <u>Printed Brochure</u>			Candidate Name <u>Dr. Pamela Barlow DVM</u>
Office Sought: House <input checked="" type="checkbox"/> Senate President			
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)			
State: <u>TX</u> District: <u>13</u>			

SUBTOTAL of Disbursements This Page (optional).....	<u>153.07</u>
TOTAL This Period (last page this line number only).....	

12030804164

**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 7 OF 14

<input checked="" 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. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial)

A <u>Wal-Mart Super Center</u>		Date of Disbursement
Mailing Address		<u>03 01 2012</u>
City <u>Bowie</u>	State <u>TX</u>	Amount of Each Disbursement this Period
Zip Code <u>76230</u>		
Purpose of Disbursement <u>Gasoline</u>		
Candidate Name <u>Dr. Pam Barlow</u>		
Office Sought: House <input checked="" type="checkbox"/>	Disbursement For: <input checked="" type="checkbox"/> Primary	60.00
Senate <input type="checkbox"/>	General <input type="checkbox"/>	
President <input type="checkbox"/>	Other (specify)	
State: <u>TX</u>	District: <u>13</u>	

B <u>AT&T Universe</u>		Date of Disbursement
Mailing Address		<u>03 07 2012</u>
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement <u>Internet</u>		
Candidate Name <u>Dr. Pamela Barlow DVM</u>		
Office Sought: House <input checked="" type="checkbox"/>	Disbursement For: <input checked="" type="checkbox"/> Primary	219.35
Senate <input type="checkbox"/>	General <input type="checkbox"/>	
President <input type="checkbox"/>	Other (specify)	
State: <u>TX</u>	District: <u>13</u>	

C <u>Cunningham & Company</u>		Date of Disbursement
Mailing Address		<u>03 12 2012</u>
City <u>Bowie</u>	State <u>TX</u>	Amount of Each Disbursement this Period
Zip Code <u>76230</u>		
Purpose of Disbursement <u>Donation Envelopes</u>		
Candidate Name <u>Dr. Pamela Barlow DVM</u>		
Office Sought: House <input checked="" type="checkbox"/>	Disbursement For: <input checked="" type="checkbox"/> Primary	248.98
Senate <input type="checkbox"/>	General <input type="checkbox"/>	
President <input type="checkbox"/>	Other (specify)	
State: <u>TX</u>	District: <u>13</u>	

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

528.33

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

12030804165

**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 14

<input checked="" 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. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial) A Montague County Shopper		Date of Disbursement 03 14 2012
Mailing Address		Amount of Each Disbursement this Period 51.96
City Bowie	State TX Zip Code 76228	
Purpose of Disbursement Brochures	Candidate Name Dr. Pamela Barlow, DVM Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President		
State: TX District: 13		

Full Name (Last, First, Middle Initial) B USPS		Date of Disbursement 03 15 2012
Mailing Address		Amount of Each Disbursement this Period 45.00
City Bowie	State TX Zip Code 76230	
Purpose of Disbursement Postage	Candidate Name Dr. Pamela Barlow DVM Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President		
State: TX District: 13		

Full Name (Last, First, Middle Initial) C Wal-Mart		Date of Disbursement 03 19 2012
Mailing Address		Amount of Each Disbursement this Period 6.32
City Bowie	State TX Zip Code 76230	
Purpose of Disbursement Office Supplies	Candidate Name Dr. Pamela Barlow DVM Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President		
State: TX District: 13		

SUBTOTAL of Disbursements This Page (optional).....	103.28
TOTAL This Period (last page this line number only).....	

12030804166

**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)
 17 18 19a 19b
 20a 20b 20c 21

PAGE 9 OF 14

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NAME OF COMMITTEE (In Full)
Dr. Pamela Barlow for Congress

A **Wal-Mart** Date of Disbursement: **03 20 2012**

Mailing Address: _____

City: **Bowie** State: **TX** Zip Code: **76230** Amount of Each Disbursement this Period: **60.00**

Purpose of Disbursement: **Gasoline**

Candidate Name: **Dr. Pamela Barlow DVM** Category/Type: _____

Office Sought: House Senate _____ President _____ Disbursement For: Primary General _____ Other (specify) _____

State: **TX** District: **13**

B **Wal-Mart** Date of Disbursement: **03 23 2012**

Mailing Address: _____

City: **Vernon** State: **TX** Zip Code: _____ Amount of Each Disbursement this Period: **75.44**

Purpose of Disbursement: **Gas 50 office Supplia 25.44**

Candidate Name: **Dr. Pamela Barlow DVM** Category/Type: _____

Office Sought: House Senate _____ President _____ Disbursement For: Primary General _____ Other (specify) _____

State: **TX** District: **13**

C **Wal-Mart** Date of Disbursement: **03 26 2012**

Mailing Address: _____

City: **Bowie** State: **TX** Zip Code: **76230** Amount of Each Disbursement this Period: **80.79**

Purpose of Disbursement: **Gas 50 Supply 30.79**

Candidate Name: **Dr. Pamela Barlow DVM** Category/Type: _____

Office Sought: House Senate _____ President _____ Disbursement For: Primary General _____ Other (specify) _____

State: **TX** District: **13**

SUBTOTAL of Disbursements This Page (optional) **216.23**

TOTAL This Period (last page this line number only)

12030804167

**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 14

<input checked="" 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. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial)

A Cunningham & Co.

Date of Disbursement

03 26 2012

Mailing Address

City BOWIE State TX Zip Code 76230

Amount of Each Disbursement this Period

Purpose of Disbursement

Supplies

Candidate Name

Dr. Pamela Barlow DVM

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: TX District: 13

14.07

Full Name (Last, First, Middle Initial)

B. Amarillo Stop Cnt 30

Date of Disbursement

03 27 2012

Mailing Address

City Amarillo State TX Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Gasoline

Candidate Name

Dr. Pamela Barlow DVM

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: TX District: 13

51.15

Full Name (Last, First, Middle Initial)

C. Murphy USA

Date of Disbursement

01 17 2012

Mailing Address

2802 Hwy 287 W

City Vernon State TX Zip Code 76384

Amount of Each Disbursement this Period

Purpose of Disbursement

Gasoline

Candidate Name

Dr. Pamela Barlow DVM

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: TX District: 13

20.00

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

85.22

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

12030804168

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 11 OF 14

<input checked="" 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. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial)

<p>A <i>Murphy USA 7101</i></p>		Date of Disbursement
<p>Mailing Address <i>289 Hwy 81 N.</i></p>		<i>02 06 2012</i>
<p>City <i>Bowie</i> State <i>TX</i> Zip Code <i>76230</i></p>	Amount of Each Disbursement this Period	
<p>Purpose of Disbursement <i>Masoline</i></p>	<p>50.00</p>	
<p>Candidate Name <i>Dr. Pamela Barlow DVM</i></p>		
<p>Office Sought: House <input checked="" type="checkbox"/> Senate President District: <i>13</i></p>		
<p>Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)</p>		
<p>State: <i>TX</i> District: <i>13</i></p>		

<p>B <i>Bowie Cleaners</i></p>		Date of Disbursement
<p>Mailing Address <i>400 N. Mason</i></p>		<i>02 08 2012</i>
<p>City <i>Bowie</i> State <i>TX</i> Zip Code <i>76230</i></p>	Amount of Each Disbursement this Period	
<p>Purpose of Disbursement <i>Cleaning Suit</i></p>	<p>14.61</p>	
<p>Candidate Name <i>Dr. Pamela Barlow DVM</i></p>		
<p>Office Sought: House <input checked="" type="checkbox"/> Senate President District: <i>13</i></p>		
<p>Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)</p>		
<p>State: <i>TX</i> District: <i>13</i></p>		

<p>C <i>Bowie Cleaners</i></p>		Date of Disbursement
<p>Mailing Address <i>400 N. Mason</i></p>		<i>02 28 2012</i>
<p>City <i>Bowie</i> State <i>TX</i> Zip Code <i>76230</i></p>	Amount of Each Disbursement this Period	
<p>Purpose of Disbursement <i>Cleaning</i></p>	<p>12.99</p>	
<p>Candidate Name <i>Dr. Pamela Barlow DVM</i></p>		
<p>Office Sought: House <input checked="" type="checkbox"/> Senate President District: <i>13</i></p>		
<p>Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)</p>		
<p>State: <i>TX</i> District: <i>13</i></p>		

SUBTOTAL of Disbursements This Page (optional).....	<i>77.60</i>
TOTAL This Period (last page this line number only).....	

12030804169

**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 12 OF 14

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Dr. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

A Murphy USA
Mailing Address
806 S. Hwy 287

02 11 2012

City Decatur State TX Zip Code 76234

Amount of Each Disbursement this Period

Purpose of Disbursement
Gasoline

Candidate Name
Dr. Pamela Barlow DVM

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

50.00

State: TX District: 13

Full Name (Last, First, Middle Initial)

Date of Disbursement

B City of Bowie
Mailing Address
304 Lindsey St

03 06 2012

City Bowie State TX Zip Code 76230

Amount of Each Disbursement this Period

Purpose of Disbursement
Hdgr Util

Candidate Name
Dr. Pamela Barlow DVM

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

11.91

State: TX District: 13

Full Name (Last, First, Middle Initial)

Date of Disbursement

a City of Bowie
Mailing Address
304 Lindsey St

03 06 2012

City Bowie State TX Zip Code 76230

Amount of Each Disbursement this Period

Purpose of Disbursement
Hdgr Util

Candidate Name
Dr. Pamela Barlow DVM

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

54.37

State: TX District: 13

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

116.28

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

12030804170

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 13 OF 14

<input checked="" 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. Pamela Barlow for Congress

Full Name (Last, First, Middle Initial)

A City of Bowie		Date of Disbursement
Mailing Address 304 Lindsey St		03 26 2012
City Bowie	State TX Zip Code 76230	Amount of Each Disbursement this Period
Purpose of Disbursement Hdqtr Util	Category/ Type	
Candidate Name Dr. Pamela Barlow		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: TX District: 13		54.37

B City of Bowie		Date of Disbursement
Mailing Address 304 Lindsey St		03 26 2012
City Bowie	State TX Zip Code 76230	Amount of Each Disbursement this Period
Purpose of Disbursement Hdqtr Util	Category/ Type	
Candidate Name Dr. Pamela Barlow		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: TX District: 13		11.91

C City of Bowie		Date of Disbursement
Mailing Address 304 Lindsey St		02 21 2012
City Bowie	State TX Zip Code 76230	Amount of Each Disbursement this Period
Purpose of Disbursement Hdqtr Util	Category/ Type	
Candidate Name Dr. Pamela Barlow DVM		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: TX District: 13		54.37

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

120.65

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

12030804171

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)			
	<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)
Dr. Pamela Barlow for Congress

A City of Bower Full Name (Last, First, Middle Initial)		Date of Disbursement
504 Lindsay St Mailing Address		02 21 2012
Bower TX 76230 City State Zip Code		Amount of Each Disbursement this Period
Hgr Util Purpose of Disbursement	Dr. Pamela Barlow pvm Candidate Name	11-91
House Office Sought: Senate President State: TX District: 13		
Primary Disbursement For: General Other (specify)		

B Donation Pages Full Name (Last, First, Middle Initial)		Date of Disbursement
Processing Fees Purpose of Disbursement		03 31 2012
Dr. Pamela Barlow Candidate Name	Dr. Pamela Barlow Candidate Name	Amount of Each Disbursement this Period
House Office Sought: Senate President State: TX District: 13		142.06
Primary Disbursement For: General Other (specify)		

C Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: House Senate President State: District:		
Disbursement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	199.91
TOTAL This Period (last page this line number only).....	2373.04

12030804172

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.

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5/2/12

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

5/2/12
DATE PREPARED

12030804173