

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

BARBARA MALLORY CARAWAY FOR CONGRESS

ADDRESS (number and street) ▼

P.O. BOX 764171

Check if different than previously reported. (ACC)

DALLAS

TX

75203

2. **FEC IDENTIFICATION NUMBER** ▼

C C00501924

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

TX

30

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 / / 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

/ /

through

/ /

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 Linda Mims

Signature of Treasurer Linda Mims

[Electronically Filed]

Date

/ /

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

BARBARA MALLORY CARAWAY FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

	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))....	2590.00	12790.00
(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))	2590.00	12790.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13453.21	20647.95
(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)).....	13453.21	20647.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-5830.59	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	9575.00	

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
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BARBARA MALLORY CARAWAY FOR CONGRESS

Report Covering the Period: From: / / To: / /

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).....	1750.00	6800.00
(ii) Unitemized.....	840.00	3390.00
(iii) TOTAL of contributions from individuals ▶	2590.00	10190.00
(b) Political Party Committees.....	0.00	2600.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2590.00	12790.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2500.00	3500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2500.00	3500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5090.00	16290.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13453.21	20647.95
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	905.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13453.21	21552.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2532.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5090.00
25. SUBTOTAL (add Line 23 and Line 24).....	7622.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13453.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-5830.59

**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 25
	<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	

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)
BARBARA MALLORY CARAWAY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DONNA HOUSTON-WOODS

Mailing Address 316 WATER CREST DR

City State Zip Code
DESOTO TX 75115

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

Name of Employer Occupation
NOVA ACADEMY SUPERINTENDENT

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 12 / 2013

Transaction ID : SA11AI.5422

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL APARTMENT ASSOC.

Mailing Address 4300 WILSON BLVD SUITE 400

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2013

Transaction ID : SA11AI.5436

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN L PROCTOR

Mailing Address 1524 OAK MEADOWS DR.

City State Zip Code
DALLAS TX 75232

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

Name of Employer Occupation
COVERALL CONSTRUCTION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period
250.00

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

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

1750.00

1750.00

**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 25
	<input type="checkbox"/> 11a 12 <input checked="" 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)
BARBARA MALLORY CARAWAY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARBARA MALLORY CARAWAY FOR CONGRESS

Mailing Address P.O. BOX 764171

City State Zip Code
DALLAS TX 75203

FEC ID number of contributing federal political committee. **C** C00501924

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2013

Transaction ID : SA13A.5519

Amount of Each Receipt this Period
2000.00

Personal Funds

B. Full Name (Last, First, Middle Initial)
BARBARA MALLORY CARAWAY FOR CONGRESS

Mailing Address P.O. BOX 764171

City State Zip Code
DALLAS TX 75203

FEC ID number of contributing federal political committee. **C** C00501924

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : SA13A.5520

Amount of Each Receipt this Period
500.00

Personal Funds

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).....

2500.00

2500.00

**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 7 OF 25			
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Access Storage		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 3427 Marvin D. Love Frwy		Amount of Each Disbursement this Period 85.00 Transaction ID : SB17.5493
City Dallas State TX Zip Code 75224	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
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: TX District: 30		

Full Name (Last, First, Middle Initial) B. Access Storage		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 3427 Marvin D. Love Frwy		Amount of Each Disbursement this Period 85.00 Transaction ID : SB17.5522
City Dallas State TX Zip Code 75224	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
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: TX District: 30		

Full Name (Last, First, Middle Initial) c. Lakeedra Autry		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1902 HillCroft Dr.		Amount of Each Disbursement this Period 211.50 Transaction ID : SB17.5466
City Duncanville State TX Zip Code 75137	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
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: TX District: 30		

SUBTOTAL of Disbursements This Page (optional).....	381.50
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 8 OF 25			
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lakeedra Autry		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 1902 HillCroft Dr.		Amount of Each Disbursement this Period 94.50 Transaction ID : SB17.5478
City Duncanville State TX Zip Code 75137	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. LAKEEDRA AUTRY		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 1902 HillCroft Dr.		Amount of Each Disbursement this Period 148.50 Transaction ID : SB17.5499
City Duncanville State TX Zip Code 75137	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. LAKEEDRA AUTRY		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 1902 HillCroft Dr.		Amount of Each Disbursement this Period 170.75 Transaction ID : SB17.5507
City Duncanville State TX Zip Code 75137	Purpose of Disbursement Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	413.75
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 9 OF 25	
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LAKEEDRA AUTRY		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 1902 HillCroft Dr.		Amount of Each Disbursement this Period 121.50 Transaction ID : SB17.5526
City Duncanville State TX Zip Code 75137	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		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)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 30	

Full Name (Last, First, Middle Initial) B. LAKEEDRA AUTRY		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 1902 HillCroft Dr.		Amount of Each Disbursement this Period 220.50 Transaction ID : SB17.5536
City Duncanville State TX Zip Code 75137	Purpose of Disbursement	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		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)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 30	

Full Name (Last, First, Middle Initial) c. Mecca Campbell		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 189 Rolling Ct		Amount of Each Disbursement this Period 355.00 Transaction ID : SB17.5450
City Lancaster State TX Zip Code 75146	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		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)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 30	

SUBTOTAL of Disbursements This Page (optional).....	697.00
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 10 OF 25	
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREGORY CARTER		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 10623 WOODLEAF		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.5477
City DALLAS State TN Zip Code 75227	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. GREGORY CARTER		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 10623 WOODLEAF		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5505
City DALLAS State TN Zip Code 75227	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. DALLAS COUNTY DEMOCRATIC PARTY		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 4209 PARRY		Amount of Each Disbursement this Period 3125.00 Transaction ID : SB17.5501
City DALLAS State TX Zip Code 75223	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3375.00
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 11 OF 25			
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dallas Gospel Connections		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address P.O. Box 380232		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5502
City Duncanville	State TX	
Zip Code 75138	Purpose of Disbursement 004	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Category/ Type
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: TX	District: 30	

Full Name (Last, First, Middle Initial) B. Dora Fuller		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 1908 Berwick		Amount of Each Disbursement this Period 234.00 Transaction ID : SB17.5474
City Dallas	State TX	
Zip Code 75203	Purpose of Disbursement 001	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Category/ Type
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: TX	District: 30	

Full Name (Last, First, Middle Initial) c. Dora Fuller		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 1908 Berwick		Amount of Each Disbursement this Period 64.00 Transaction ID : SB17.5500
City Dallas	State TX	
Zip Code 75203	Purpose of Disbursement 001	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Category/ Type
Office Sought: <input checked="" 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: TX	District: 30	

SUBTOTAL of Disbursements This Page (optional).....	598.00
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 12 OF 25			
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dora Fuller		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 1908 Berwick		Amount of Each Disbursement this Period 234.00 Transaction ID : SB17.5503
City Dallas State TX Zip Code 75203	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS	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: TX District: 30		

Full Name (Last, First, Middle Initial) B. Dora Fuller		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 1908 Berwick		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.5509
City Dallas State TX Zip Code 75203	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS	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: TX District: 30		

Full Name (Last, First, Middle Initial) C. Dora Fuller		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1908 Berwick		Amount of Each Disbursement this Period 162.00 Transaction ID : SB17.5529
City Dallas State TX Zip Code 75203	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS	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: TX District: 30		

SUBTOTAL of Disbursements This Page (optional).....	621.00
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 13 OF 25			
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dora Fuller		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 1908 Berwick		Amount of Each Disbursement this Period 234.00 Transaction ID : SB17.5496
City Dallas State TX Zip Code 75203	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Dora Fuller		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 1908 Berwick		Amount of Each Disbursement this Period 220.50 Transaction ID : SB17.5537
City Dallas State TX Zip Code 75203	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. JOYCE HAMILTON		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 607 N. ALEXANDER		Amount of Each Disbursement this Period 229.50 Transaction ID : SB17.5465
City DUNCANVILLE State TX Zip Code 75138	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	684.00
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 14 OF 25	
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOYCE HAMILTON		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 607 N. ALEXANDER		Amount of Each Disbursement this Period 234.00 Transaction ID : SB17.5476
City DUNCANVILLE State TX Zip Code 75138	Purpose of Disbursement Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30		

Full Name (Last, First, Middle Initial) B. JOYCE HAMILTON		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 607 N. ALEXANDER		Amount of Each Disbursement this Period 231.75 Transaction ID : SB17.5498
City DUNCANVILLE State TX Zip Code 75138	Purpose of Disbursement Category/Type 001	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30		

Full Name (Last, First, Middle Initial) C. JOYCE HAMILTON		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 607 N. ALEXANDER		Amount of Each Disbursement this Period 231.75 Transaction ID : SB17.5506
City DUNCANVILLE State TX Zip Code 75138	Purpose of Disbursement Category/Type 001	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30		

SUBTOTAL of Disbursements This Page (optional).....	697.50
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 15 OF 25	
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOYCE HAMILTON		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 607 N. ALEXANDER		Amount of Each Disbursement this Period 198.00 Transaction ID : SB17.5510
City DUNCANVILLE State TX Zip Code 75138	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		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)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 30	

Full Name (Last, First, Middle Initial) B. JOYCE HAMILTON		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 607 N. ALEXANDER		Amount of Each Disbursement this Period 139.00 Transaction ID : SB17.5525
City DUNCANVILLE State TX Zip Code 75138	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		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)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 30	

Full Name (Last, First, Middle Initial) C. JOYCE HAMILTON		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 607 N. ALEXANDER		Amount of Each Disbursement this Period 234.00 Transaction ID : SB17.5531
City DUNCANVILLE State TX Zip Code 75138	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		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)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 30	

SUBTOTAL of Disbursements This Page (optional).....	571.00
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 16 OF 25	
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Benita Keigler		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 122 E. Church St		Amount of Each Disbursement this Period 211.50 Transaction ID : SB17.5458
City Grand Prairie State TX Zip Code 75050	Purpose of Disbursement Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30		

Full Name (Last, First, Middle Initial) B. Benita Keigler		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 122 E. Church St		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.5467
City Grand Prairie State TX Zip Code 75050	Purpose of Disbursement Category/Type 001	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30		

Full Name (Last, First, Middle Initial) c. Benita Keigler		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 122 E. Church St		Amount of Each Disbursement this Period 234.00 Transaction ID : SB17.5497
City Grand Prairie State TX Zip Code 75050	Purpose of Disbursement Category/Type 001	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30		

SUBTOTAL of Disbursements This Page (optional).....	445.50
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 17 OF 25			
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Benita Keigler		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 122 E. Church St		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.5504
City Grand Prairie	State TX	
Zip Code 75050	Purpose of Disbursement 001	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Category/ Type
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: TX	District: 30	

Full Name (Last, First, Middle Initial) B. Benita Keigler		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 122 E. Church St		Amount of Each Disbursement this Period 234.00 Transaction ID : SB17.5508
City Grand Prairie	State TX	
Zip Code 75050	Purpose of Disbursement 001	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Category/ Type
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: TX	District: 30	

Full Name (Last, First, Middle Initial) c. Benita Keigler		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 122 E. Church St		Amount of Each Disbursement this Period 171.00 Transaction ID : SB17.5524
City Grand Prairie	State TX	
Zip Code 75050	Purpose of Disbursement 001	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Category/ Type
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: TX	District: 30	

SUBTOTAL of Disbursements This Page (optional).....	630.00
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 18 OF 25	
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Benita Keigler		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 122 E. Church St		Amount of Each Disbursement this Period 229.50 Transaction ID : SB17.5532
City Grand Prairie State TX Zip Code 75050	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30		

Full Name (Last, First, Middle Initial) B. KHVN RADIO STATION		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 5787 S. HAMPTON RD.		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5462
City DALLAS State TX Zip Code 75232	Purpose of Disbursement 004 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30		

Full Name (Last, First, Middle Initial) C. SAMS WHOLESALE		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 2900 W. WHEATLAND RD		Amount of Each Disbursement this Period 178.36 Transaction ID : SB17.5468
City DALLAS State TX Zip Code 75237	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30		

SUBTOTAL of Disbursements This Page (optional).....	707.86
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 19 OF 25	
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TEXAS DEMOCRATIC PARTY		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 505 W. 12 STREET #200		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.5495
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS	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: TX District: 30		

Full Name (Last, First, Middle Initial) B. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 5758 CHENAULT		Amount of Each Disbursement this Period 322.00 Transaction ID : SB17.5455
City DALLAS State TX Zip Code 75228	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS	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: TX District: 30		

Full Name (Last, First, Middle Initial) C. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 5758 CHENAULT		Amount of Each Disbursement this Period 282.23 Transaction ID : SB17.5494
City DALLAS State TX Zip Code 75228	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS	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: TX District: 30		

SUBTOTAL of Disbursements This Page (optional).....	664.23
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 20 OF 25	
	<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)
BARBARA MALLORY CARAWAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 5758 CHENAULT		Amount of Each Disbursement this Period 145.62 Transaction ID : SB17.5512
City DALLAS State TX Zip Code 75228	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 5758 CHENAULT		Amount of Each Disbursement this Period 200.45 Transaction ID : SB17.5539
City DALLAS State TX Zip Code 75228	Purpose of Disbursement 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. WELLS FARGO BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address P.O. box 10347		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5472
City De Moines State IA Zip Code 50306	Purpose of Disbursement Credit Card Payment to Texas Democratic Party VAN 001 Category/Type	
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1346.07
TOTAL This Period (last page this line number only).....	11832.41

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BARBARA MALLORY CARAWAY FOR CONGRESS** Transaction ID : **SC/10.5218**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
BARBARA MALLORY CARAWAY FOR CONGRESS
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 764171

City State ZIP Code
DALLAS TX 75203

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 06 / D 14 / Y 2013
Date Due: M / D / Y 0000
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **BARBARA MALLORY CARAWAY FOR CONGRESS** Transaction ID : **SC/10.5519**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
BARBARA MALLORY CARAWAY FOR CONGRESS
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. BOX 764171

City State ZIP Code
DALLAS TX 75203

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 11 / D 12 / Y 2013	Date Due M M / D D / Y NA	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 2000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BARBARA MALLORY CARAWAY FOR CONGRESS** Transaction ID : **SC/10.5520**

LOAN SOURCE Full Name (Last, First, Middle Initial) BARBARA MALLORY CARAWAY FOR CONGRESS	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 764171		

City	State	ZIP Code
DALLAS	TX	75203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 11 / D 18 / Y 2013 Y	M M / D D / Y NA Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	500.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BARBARA MALLORY CARAWAY FOR CONGRESS** Transaction ID : **SC/10.4640**

LOAN SOURCE Full Name (Last, First, Middle Initial) BARBARA MALLORY CARAWAY	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1934 ARGYLE AVE		

City	State	ZIP Code
DALLAS	TX	75203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 03 / D 15 / Y 2012	M M / D D / Y 11/10/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1000.00
TOTALS This Period (last page in this line only).....	▶	4500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BARBARA MALLORY CARAWAY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CLEAR CHANNEL OUTDOOR

Mailing Address P.O. BOX 847247

City State Zip Code
 DALLAS TX 75284-7247

Nature of Debt (Purpose):
BILLBOARDS

Outstanding Balance Beginning This Period	Transaction ID : SD10.4518	
4500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FRAZIER GILLS, P.C.

Mailing Address 400 S. ZANG BLVD.
 SUITE 330

City State Zip Code
 DALLAS TX 75208

Nature of Debt (Purpose):
CPA FEES

Outstanding Balance Beginning This Period	Transaction ID : SD10.4517	
575.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	575.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	5075.00
2) TOTALS This Period (last page this line number only)	5075.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	4500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	9575.00