

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 APR 18 PM 12:01

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

FEC MAIL CENTER

ADDRESS (number and street)

100 n Smythe st

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

C 00500496

Bowie CITY

TX STATE

76230 ZIP CODE STATE DISTRICT

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

TX 13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- X 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 02-13-14 through 3-31-14

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Pamela Lee Barlow, DVM

Signature of Treasurer

[Handwritten Signature]

Date 27 Mar 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Dr. Pam Barlow for Congress

Report Covering the Period:

From: 02-13-14

To:

03-31-14

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	2366.00	22,863.00
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	2366.00	22,863.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	10,603.34	19,535.50
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	10,603.34	19,535.50
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	3368.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

*Dr. Pam Barlow for Congress*

Report Covering the Period:

From:

*02-13-14*

To:

*03-31-14*

**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).....
  - (ii) Unitemized .....
  - (iii) TOTAL of contributions from individuals ▶

*2366.00*

*22,863.00*

*2366.00*

*22,863.00*

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate .....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

*2366.00*

*22,863.00*

**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.) .....**

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

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

*2366.00*

*22,863.00*

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

14031220524

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10,603.34	19,535.50
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)).....	.00	.00
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)).....	.00	.00
21. OTHER DISBURSEMENTS .....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	10,603.34	19,535.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12,300.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2,366.00
25. SUBTOTAL (add Line 23 and Line 24).....	14,666.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10,603.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4,063.37

**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 7	
<input 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"/>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

cc A

Full Name (Last, First, Middle Initial) <b>Love, J. Fred &amp; Fern</b>		Date of Receipt <b>1-22-14</b>
Mailing Address <b>793 Fm 2161</b>		Amount of Each Receipt this Period <b>\$ 100.00</b>
City <b>Panhandle</b>	State <b>TX</b> Zip Code <b>79068</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$ 100.00</b>
Name of Employer <b>Self</b>	Occupation <b>Veterinarian</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

cc B

Full Name (Last, First, Middle Initial) <b>Ehrlund, Loretta</b>		Date of Receipt <b>2-5-14</b>
Mailing Address <b>11710 Shotgun Way</b>		Amount of Each Receipt this Period <b>\$ 50.00</b>
City <b>Helotes</b>	State <b>TX</b> Zip Code <b>78023</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$ 50.00</b>
Name of Employer <b>Self</b>	Occupation <b>Veterinarian</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

cc C

Full Name (Last, First, Middle Initial) <b>Diestler, Kenneth</b>		Date of Receipt <b>2-6-14</b>
Mailing Address <b>701 Broadway</b>		Amount of Each Receipt this Period <b>\$ 100.00</b>
City <b>Galveston</b>	State <b>TX</b> Zip Code <b>77550</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$ 100.00</b>
Name of Employer <b>Self</b>	Occupation <b>Veterinarian</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<b>\$ 250.00</b>
TOTAL This Period (last page this line number only).....	

14051220525

**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 7	
<input 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	

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

**A** Full Name (Last, First, Middle Initial) **Hale, Steve**

Mailing Address **Box 428**

City **Miami** State **TX** Zip Code **79059**

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

Name of Employer **Self** Occupation **Agriculture**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt **2-12-14**

Amount of Each Receipt this Period **250.00**

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

Mailing Address **4219 Emerson**

City **Wichita Falls** State **TX** Zip Code **76309**

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

Name of Employer **Retired** Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt **2-3-14**

Amount of Each Receipt this Period **\$100.00**

**(Donation in Kind)**  
**2003 Jessica Lynch Silver Dollar**

**C** Full Name (Last, First, Middle Initial) **Baker, Carolyn S.**

Mailing Address **1207 S. Main St**

City **Shamrock** State **TX** Zip Code **79079**

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 **2-23-14**

Amount of Each Receipt this Period **1,000.00**

**SUBTOTAL** of Receipts This Page (optional) **\$ 1,350.00**

**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 7

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

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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow for Congress

<p>Full Name (Last, First, Middle Initial) <b>A. Messer, Lyndon</b></p>		Date of Receipt
<p>Mailing Address <b>Box 81</b></p>		2-13-14
<p>City <b>Hedley</b></p>	<p>State <b>TX</b></p>	
<p>FEC ID number of contributing federal political committee. <b>C</b></p>		Amount of Each Receipt this Period
<p>Name of Employer <b>None</b></p>	<p>Occupation <b>retired</b></p>	\$100.00 cc ✓
<p>Receipt For: <input checked="" type="checkbox"/> Primary    General Other (specify)</p>	<p>Election Cycle-to-Date <b>#200</b></p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Stein, Edwin</b></p>		Date of Receipt
<p>Mailing Address <b>3213 Beech Street</b></p>		2-6-14
<p>City <b>Wichita Falls</b></p>	<p>State <b>TX</b></p>	
<p>FEC ID number of contributing federal political committee. <b>C</b></p>		Amount of Each Receipt this Period
<p>Name of Employer <b>United Elec Co.</b></p>	<p>Occupation <b>IT manager</b></p>	\$10.00 cc ✓
<p>Receipt For: <input checked="" type="checkbox"/> Primary    General Other (specify)</p>	<p>Election Cycle-to-Date</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Mackey, David</b></p>		Date of Receipt
<p>Mailing Address <b>PO Box 1812</b></p>		2-11-14
<p>City <b>Fritch</b></p>	<p>State <b>TX</b></p>	
<p>FEC ID number of contributing federal political committee. <b>C</b></p>		Amount of Each Receipt this Period
<p>Name of Employer <b>Chewm Phillips</b></p>	<p>Occupation <b>Stillman</b></p>	100.00 ✓
<p>Receipt For: <input checked="" type="checkbox"/> Primary    General Other (specify)</p>	<p>Election Cycle-to-Date</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p>		\$ 210.00
<p>TOTAL This Period (last page this line number only).....</p>		

OK

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 7

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

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

A. Full Name (Last, First, Middle Initial)  
Laughton, Nancy C

Mailing Address  
1104 Sessions St

City  
Bowie

State  
TX

Zip Code  
76230

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  
2-22-14

Amount of Each Receipt this Period  
\$ 200.00

B. Full Name (Last, First, Middle Initial)  
Pilehman, Robert

Mailing Address  
3030 Ocean Ave, Apt 3F

City  
Brooklyn

State  
ny

Zip Code  
11235

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  
2-21-14

Amount of Each Receipt this Period  
11.00

C. Full Name (Last, First, Middle Initial)  
Sell, Martha A.

Mailing Address  
1224 SW 12th Ave

City  
Amarillo

State  
TX

Zip Code  
79102

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  
3-13-14

Amount of Each Receipt this Period  
10.00

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

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

\$ 221.00

14031220528



**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 7	
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	13b	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
**Dr. Pam Barlow**

**A** Full Name (Last, First, Middle Initial)  
**Ballard Wayne**

Mailing Address  
**1149 Country Club Rd**

City **Bowie** State **TX** Zip Code **76230**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**2-6-14**

Amount of Each Receipt this Period  
**\$100.00**

**B** Full Name (Last, First, Middle Initial)  
**Zenthofer, Dr. Kathy Wood**

Mailing Address  
**24 Stonebriar Way**

City **Friseo** State **TX** Zip Code **75034**

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

Name of Employer **Self** Occupation **Physician**

Receipt For:  
 Primary General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**2-13-14**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address  
**PO Box 1147**

City **Buffalo** State **TX** Zip Code **75831**

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

Name of Employer **retired** Occupation **retired**

Receipt For:  
 Primary General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**2-13-14**

Amount of Each Receipt this Period  
**25.00**

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

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

**150.00**

14031220529

**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 7	
<input 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"/> 13d	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Fern Love</b>		Date of Receipt
Mailing Address <b>793 FM 2161</b>		<b>2-17-14</b>
City <b>Panhandle</b>	State <b>TX</b> Zip Code <b>79068</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>Self</b>	Occupation <b>Veterinarian</b>	<b>50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary    General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Clarence Cochran</b>		Date of Receipt
Mailing Address <b>205 S. Timbercreek</b>		<b>2-19-14</b>
City <b>Amarillo</b>	State <b>TX</b> Zip Code <b>79118</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>United Airlines</b>	Occupation <b>Retired Pilot</b>	<b>50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary    General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Fern Love</b>		Date of Receipt
Mailing Address <b>793 FM 2161</b>		<b>2-23-14</b>
City <b>Panhandle</b>	State <b>TX</b> Zip Code <b>79</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>Self</b>	Occupation <b>Veterinarian</b>	<b>50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary    General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<b>150.00</b>
TOTAL This Period (last page this line number only).....	

1403122030

**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 7
	<input 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. Pam Barlow for Congress**

Full Name (Last, First, Middle Initial) <b>Edwin Stein</b>			Date of Receipt <b>2-28-14</b>
Mailing Address <b>3213 Beach Street</b>			Amount of Each Receipt this Period <b>10.00</b>
City <b>Wichita Falls TX</b>	State <b>TX</b>	Zip Code <b>76309</b>	
FEC ID number of contributing federal political committee <b>C</b>			
Name of Employer <b>United Electric</b>		Occupation <b>IT Manager</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Willy, Jonathan</b>			Date of Receipt <b>2-27-14</b>
Mailing Address			Amount of Each Receipt this Period <b>25.00</b>
City	State	Zip Code	
FEC ID number of contributing federal political committee <b>C</b>			
Name of Employer		Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		Election Cycle-to-Date <b>200.00</b>	

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

SUBTOTAL of Receipts This Page (optional).....	<b>35.00</b>
TOTAL This Period (last page this line number only).....	<b>2366.00</b>

14031220551

**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 3
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)  
**Dr. Pam Barlow for Congress**

Full Name (Last, First, Middle Initial) <b>A Townsquare Media</b>		Date of Disbursement <b>2-3-14</b>
Mailing Address		Amount of Each Disbursement this Period <b>490.00</b>
City <b>Wichita Falls</b> State <b>TX</b> Zip Code		
Purpose of Disbursement <b>Advertising</b>	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TX</b> District: <b>13</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B Zia Broadcasting Co.</b>		Date of Disbursement <b>2-5-14</b>
Mailing Address <b>05157634401</b>		Amount of Each Disbursement this Period <b>600.30</b>
City State <b>NM</b> Zip Code		
Purpose of Disbursement <b>Advertising</b>	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TX</b> District: <b>13</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C KGNAC AM/FM</b>		Date of Disbursement <b>2-6-14</b>
Mailing Address <b>806-355-9801</b>		Amount of Each Disbursement this Period <b>1580.15</b>
City State Zip Code		
Purpose of Disbursement <b>Advertising</b>	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TX</b> District: <b>13</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	<b>2670.45</b>
TOTAL This Period (last page this line number only).....	

14031220532

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)	PAGE 2 OF 13			
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (i.e. Full)  
Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial) <u>Jolly Truck Stop</u>		Date of Disbursement <u>2-10-14</u>	
Mailing Address		Amount of Each Disbursement this Period <u>52.24</u>	
City <u>Wichita Falls</u>	State <u>TX</u>		Zip Code
Purpose of Disbursement <u>Fuel</u>	Candidate Name		
Office Sought: House <input 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: <u>TX</u>	District: <u>13</u>		

Full Name (Last, First, Middle Initial) <u>CEFCO DBT</u>		Date of Disbursement <u>2-11-14</u>	
Mailing Address		Amount of Each Disbursement this Period <u>37.65</u>	
City <u>Amarillo</u>	State <u>TX</u>		Zip Code
Purpose of Disbursement <u>Supplies</u>	Candidate Name		
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: <u>TX</u>	District: <u>13</u>		

Full Name (Last, First, Middle Initial) <u>High Plains Radio NETW</u>		Date of Disbursement <u>2-12-14</u>	
Mailing Address		Amount of Each Disbursement this Period <u>750.00</u>	
City <u>Hereford</u>	State <u>TX</u>		Zip Code
Purpose of Disbursement <u>Advertising</u>	Candidate Name		
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: <u>TX</u>	District: <u>13</u>		

SUBTOTAL of Disbursements This Page (optional).....	<u>839.89</u>
TOTAL This Period (last page this line number only).....	

1403122053

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

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

**A** Wal-Mart Super Center Date of Disbursement: 2-26-14

Mailing Address: \_\_\_\_\_

City: Mainesville State: TX Zip Code: \_\_\_\_\_

Purpose of Disbursement: Fuel Amount of Each Disbursement this Period: 60.00

Candidate Name: \_\_\_\_\_ Category/Type: \_\_\_\_\_

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

State: TX District: 13

**B** Chris Samples Broadcast Date of Disbursement: 2-26-14

Mailing Address: \_\_\_\_\_

City: Perryton State: TX Zip Code: \_\_\_\_\_

Purpose of Disbursement: Advertising Amount of Each Disbursement this Period: 576.00

Candidate Name: \_\_\_\_\_ Category/Type: \_\_\_\_\_

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

State: TX District: 13

**C** KMNC Am-Fm Date of Disbursement: 2-27-14

Mailing Address: 806-355-9801

City: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

Purpose of Disbursement: Advertising Amount of Each Disbursement this Period: 720.80

Candidate Name: \_\_\_\_\_ Category/Type: \_\_\_\_\_

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

State: TX District: 13

**SUBTOTAL** of Disbursements This Page (optional)..... 1356.80

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

14031220534

**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 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 (i.e. Full)  
Dr. Pam Barlow for Congress

A. <u>Wal-Mart 3229</u> Mailing Address		Date of Disbursement <u>2-24-14</u>
City <u>Vernon</u> State <u>TX</u> Zip Code		Amount of Each Disbursement this Period <u>60.00</u>
Purpose of Disbursement <u>Fuel</u> Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)	
State: <u>TX</u> District: <u>13</u>		

B. <u>Love's Country Store 2477</u> Mailing Address		Date of Disbursement <u>2-24-14</u>
City <u>Memphis</u> State <u>TX</u> Zip Code		Amount of Each Disbursement this Period <u>47.51</u>
Purpose of Disbursement <u>Fuel</u> Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)	
State: <u>TX</u> District: <u>13</u>		

C. <u>KYNC-AM-FM</u> Mailing Address <u>806-355-9801</u>		Date of Disbursement <u>2-24-14</u>
City _____ State <u>TX</u> Zip Code		Amount of Each Disbursement this Period <u>448.80</u>
Purpose of Disbursement <u>Advertising</u> Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House 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>556.31</u>
TOTAL This Period (last page this line number only).....	

14031220555

**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 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

PAGE 5 OF 13

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

**A** **KYNC-AM-FM**

Full Name (Last, First, Middle Initial)

Mailing Address **806-355-9801**

City State Zip Code

Purpose of Disbursement **Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

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

Date of Disbursement **2-21-14**

Amount of Each Disbursement this Period **652.80**

**B** **Murphy Express**

Full Name (Last, First, Middle Initial)

Mailing Address

City **Amarillo** State **TX** Zip Code

Purpose of Disbursement **Fuel**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

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

Date of Disbursement **2-24-14**

Amount of Each Disbursement this Period **28.15**

**C** **Walmart Super Center**

Full Name (Last, First, Middle Initial)

Mailing Address

City **Vernon** State **TX** Zip Code

Purpose of Disbursement **Fuel**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

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

Date of Disbursement **2-24-14**

Amount of Each Disbursement this Period **60.00**

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

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

**740.95**

1403120536



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

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

Full Name (Last, First, Middle Initial) <b>A Townsquare Media</b>		Date of Disbursement <b>2-18-14</b>
Mailing Address		Amount of Each Disbursement this Period <b>658.00</b>
City <b>Wichita Falls TX</b>	State <b>TX</b>	
Zip Code <b>76310</b>		
Purpose of Disbursement <b>Advertising</b>		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

Full Name (Last, First, Middle Initial) <b>B Murphy Express</b>		Date of Disbursement <b>2-19-14</b>
Mailing Address		Amount of Each Disbursement this Period <b>53.07</b>
City <b>Wichita Falls TX</b>	State <b>TX</b>	
Zip Code		
Purpose of Disbursement <b>Fuel</b>		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

Full Name (Last, First, Middle Initial) <b>C Murphy Express</b>		Date of Disbursement <b>2-21-14</b>
Mailing Address		Amount of Each Disbursement this Period <b>54.26</b>
City <b>Wichita Falls TX</b>	State <b>TX</b>	
Zip Code		
Purpose of Disbursement <b>Fuel</b>		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

SUBTOTAL of Disbursements This Page (optional).....	<b>1465.33</b>
TOTAL This Period (last page this line number only).....	

14032715037

**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 <u>7</u> OF <u>13</u>
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)  
Dr. Pam Barlow for Congress

A <u>CEFCO</u> <u>2035</u>		Date of Disbursement <u>2-18-14</u>
Mailing Address		Amount of Each Disbursement this Period <u>46.22</u>
City <u>Pampa</u>	State <u>TX</u> Zip Code	
Purpose of Disbursement <u>Supplies</u>	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: <u>TX</u> District:		

B <u>Wal-Mart</u> <u>0271</u>		Date of Disbursement <u>2-18-14</u>
Mailing Address		Amount of Each Disbursement this Period <u>50.00</u>
City <u>Bowie</u>	State <u>TX</u> Zip Code <u>76230</u>	
Purpose of Disbursement <u>Fuel</u>	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: <u>TX</u> District: <u>13</u>		

C <u>Toot N Totum</u> <u>38</u>		Date of Disbursement <u>2-18-14</u>
Mailing Address		Amount of Each Disbursement this Period <u>44.50</u>
City <u>Amarillo</u>	State <u>TX</u> Zip Code	
Purpose of Disbursement <u>Fuel</u>	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: <u>TX</u> District: <u>13</u>		

SUBTOTAL of Disbursements This Page (optional).....	<u>140.72</u>
TOTAL This Period (last page this line number only).....	

1205220538

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

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

Full Name (Last, First, Middle Initial) <u>A ALLsup 48</u>		Date of Disbursement <u>2-13-14</u>
Mailing Address		Amount of Each Disbursement this Period <u>48.82</u>
City <u>Plarendon</u> State <u>TX</u> Zip Code	Category/ Type	
Purpose of Disbursement <u>Fuel</u>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House 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>B A Plus Signs</u>		Date of Disbursement <u>2-14-14</u>
Mailing Address		Amount of Each Disbursement this Period <u>697.43</u>
City <u>Bowie</u> State <u>TX</u> Zip Code <u>76230</u>	Category/ Type	
Purpose of Disbursement <u>Advertising</u>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House 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>C Walmart 0822</u>		Date of Disbursement <u>2-18-14</u>
Mailing Address		Amount of Each Disbursement this Period <u>45.38</u>
City <u>Amarillo</u> State <u>TX</u> Zip Code	Category/ Type	
Purpose of Disbursement <u>Supplies</u>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House 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>791.63</u>
TOTAL This Period (last page this line number only).....	

14031220539

**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

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

**A** Murphy Express  
 Mailing Address

Date of Disbursement  
 2-10-14

City Wichita Falls TX State TX Zip Code  
 Purpose of Disbursement  
Fuel  
 Candidate Name

Amount of Each Disbursement this Period  
 46.26

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: TX District: 13

**B** Murphy Express  
 Mailing Address

Date of Disbursement  
 2-10-14

City Wichita Falls TX State TX Zip Code  
 Purpose of Disbursement  
Fuel  
 Candidate Name

Amount of Each Disbursement this Period  
 48.51

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: TX District: 13

**C** All Sups 26  
 Mailing Address

Date of Disbursement  
 2-10-14

City Panhandle TX State TX Zip Code  
 Purpose of Disbursement  
 Candidate Name

Amount of Each Disbursement this Period  
 49.26

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: TX District: 13

SUBTOTAL of Disbursements This Page (optional)..... 144.03

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

14031220540

**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 13
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

A <b>Donation Pages</b>		Date of Disbursement <b>3-31-14</b>
Mailing Address		Amount of Each Disbursement this Period <b>2.23</b>
City	State Zip Code	
Purpose of Disbursement <b>Processing Fee</b>	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: <b>TX</b> District: <b>13</b>	Full Name (Last, First, Middle Initial)	

B <b>Flying J 741</b>		Date of Disbursement <b>2-3-14</b>
Mailing Address		Amount of Each Disbursement this Period <b>51.52</b>
City	State Zip Code	
Purpose of Disbursement <b>Fuel</b>	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: <b>TX</b> District: <b>13</b>	Full Name (Last, First, Middle Initial)	

C <b>Walmart Super Center</b>		Date of Disbursement <b>2-3-14</b>
Mailing Address		Amount of Each Disbursement this Period <b>60.00</b>
City	State Zip Code	
Purpose of Disbursement <b>Fuel</b>	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: <b>TX</b> District: <b>13</b>	Full Name (Last, First, Middle Initial)	

SUBTOTAL of Disbursements This Page (optional).....	<b>113.75</b>
TOTAL This Period (last page this line number only).....	

12502715021

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

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NAME OF COMMITTEE (In Full)  
**Dr Pam Barlow for Congress**

Full Name (Last, First, Middle Initial) <b>A KGRD, KOMX, KORK Radio</b>		Date of Disbursement <b>1-24-14</b>	
Mailing Address		Amount of Each Disbursement this Period <b>648.00</b>	
City <b>Pampa</b>	State <b>TX</b>		Zip Code
Purpose of Disbursement <b>Advertising</b>			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)		
State: <b>TX</b> District: <b>13</b>			

Full Name (Last, First, Middle Initial) <b>B KBAF</b>		Date of Disbursement <b>2-6-14</b>	
Mailing Address		Amount of Each Disbursement this Period <b>379.00</b>	
City	State		Zip Code
Purpose of Disbursement <b>Advertising</b>			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)		
State: <b>TX</b> District: <b>13</b>			

Full Name (Last, First, Middle Initial) <b>C KNTX</b>		Date of Disbursement <b>2-4-14</b>	
Mailing Address		Amount of Each Disbursement this Period <b>85.00</b>	
City <b>Bowie</b>	State <b>TX</b>		Zip Code <b>76230</b>
Purpose of Disbursement <b>Advertising</b>			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)		
State: <b>TX</b> District: <b>13</b>			

SUBTOTAL of Disbursements This Page (optional).....	<b>1112.00</b>
TOTAL This Period (last page this line number only).....	

24051220542

**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 13

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

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NAME OF COMMITTEE (in Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

**A** KNTX

Mailing Address: PO Box 1080

City: Bowie State: TX Zip Code: 76230

Purpose of Disbursement: Advertisements

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary 2014  General  Other (specify)

State: TX District: 13

Date of Disbursement:

Amount of Each Disbursement this Period: 392.00

Full Name (Last, First, Middle Initial)

**B** KNTX

Mailing Address: PO Box 1080

City: Bowie State: TX Zip Code: 76230

Purpose of Disbursement: Advertising

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary 2014  General  Other (specify)

State: TX District: 13

Date of Disbursement:

Amount of Each Disbursement this Period: 168.00

Full Name (Last, First, Middle Initial)

**C** Piryx, Inc

Mailing Address: 144 Second St

City: San Francisco State: CA Zip Code: 94105

Purpose of Disbursement: CC Fees

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: TX District: 13

Date of Disbursement: Jan - Mar Various

Amount of Each Disbursement this Period: 79.05

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

639.05

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

14051220543

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

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

1453 122-0544

Full Name (Last, First, Middle Initial) <b>A Plus Signs</b>		Date of Disbursement <b>2-6-14</b>
Mailing Address <b>1500 E. Wise</b>		Amount of Each Disbursement this Period <b>\$ 600.00</b>
City <b>Bowie</b>	State <b>TX</b> Zip Code <b>76230</b>	
Purpose of Disbursement <b>Adv-Signs</b>		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary 2014 General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

Full Name (Last, First, Middle Initial) <b>A Plus Signs</b>		Date of Disbursement <b>1-17-14</b>
Mailing Address <b>1500 E. Wise</b>		Amount of Each Disbursement this Period <b>97.43</b>
City <b>Bowie</b>	State <b>TX</b> Zip Code <b>76230</b>	
Purpose of Disbursement <b>Advertisement</b>		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary 2014 General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

Full Name (Last, First, Middle Initial) <b>Wandering Star Specialty Printing</b>		Date of Disbursement <b>1-4-14</b>
Mailing Address <b>1200 Fenoglio Rd</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>Montague</b>	State <b>TX</b> Zip Code <b>76251</b>	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

SUBTOTAL of Disbursements This Page (optional).....	<b>\$ 1,322.43</b>
TOTAL This Period (last page this line number only).....	<b>10,603.34</b>

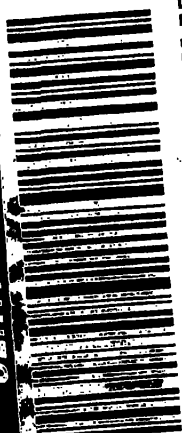


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INSURANCE INCLUDED \*

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*ASD*  
 PREPARER  
 (8/2013)

4/16/14  
 DATE PREPARED