

# 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

M M / D D / Y Y Y Y

in the State of

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

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

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2013

through

M M / D D / Y Y Y Y  
09 / 30 / 2013

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

M M / D D / Y Y Y Y  
10 / 15 / 2013

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 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 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))....	10200.00	82485.19
(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)).....	10200.00	82485.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7194.74	81666.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	431.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7194.74	81234.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2532.62	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	7075.00	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5050.00	63125.00
(ii) Unitemized .....	2550.00	11110.00
(iii) TOTAL of contributions from individuals .....	7600.00	74235.00
(b) Political Party Committees.....	2600.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6000.00
(d) The Candidate .....	0.00	2250.19
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10200.00	82485.19
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	1000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	431.99
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.21
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	10200.00	83917.39

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7194.74	81666.81
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	2818.22
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7194.74	84485.03

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-472.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10200.00
25. SUBTOTAL (add Line 23 and Line 24).....	9727.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7194.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2532.62

**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 17
	<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**

Full Name (Last, First, Middle Initial) <b>W. Earl Bledsoe</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2013	
Mailing Address 5414 Avenida Cuesta NE		<b>Transaction ID : SA11AI.5310</b>	
City Albuquerque	State NM	Zip Code 87111	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer United Methodist Church	Occupation Bishop		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>Domingo A. Garcia</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2013	
Mailing Address 400 S. Zang Blvd #600		<b>Transaction ID : SA11AI.5289</b>	
City Dallas	State TX	Zip Code 75208	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer Domingo Garcia Law Firm	Occupation Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>KEN GOLDBERG</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2013	
Mailing Address 4 ROBLEDO DR.		<b>Transaction ID : SA11AI.5318</b>	
City DALLAS	State TX	Zip Code 75230	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer GOLD METAL RECYCLING	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 17
	<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	

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NAME OF COMMITTEE (In Full)  
**BARBARA MALLORY CARAWAY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FRANKEL HOWELL**

Mailing Address 2010 HILL COUNTRY CT

City ARLINGTON State TX Zip Code 76012-5766

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

Name of Employer HOWELL-MICKENS FTD Occupation GENERAL PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013

**Transaction ID : SA11AI.5283**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Lynn and Stacey R. Mims**

Mailing Address 3872 Affirmed Dr.

City Florissant State MO Zip Code 63034

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

Name of Employer Barak Christian Church Occupation Ministers

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2013

**Transaction ID : SA11AI.5304**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL DARYA PAYMA**

Mailing Address 5505 MARQUESTTE DR.

City PLANO State TX Zip Code 75093

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

Name of Employer PAYMA, KUHNEL, SMITH, P.C. Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013

**Transaction ID : SA11AI.5286**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

**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 7 OF 17
	<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	

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NAME OF COMMITTEE (In Full)  
**BARBARA MALLORY CARAWAY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JETHRO PUGH Jr.**

Mailing Address 329 E. COLORADO BLVD #505

City State Zip Code  
DALLAS TX 75203

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2013

**Transaction ID : SA11AI.5317**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Angela K. Washington**

Mailing Address 1859 Masters Dr

City State Zip Code  
DeSoto TX 75115

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2013

**Transaction ID : SA11AI.5295**

Amount of Each Receipt this Period  
300.00

**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).....

550.00

5050.00

**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 8 OF 17
	<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)  
**TEXAS DEMOCRATIC PARTY**

Mailing Address 505 W. 12 STREET #200

City State Zip Code  
AUSTIN TX 78701

FEC ID number of contributing federal political committee. **C** C00099267

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 10 2013

**Transaction ID : SA11B.5395**

Amount of Each Receipt this Period  
2600.00

In-kind - Voter file

**B.** 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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 M / D 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).....

2600.00

2600.00



**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 9 OF 17			
	<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) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 9378 N. Central Expwy		Amount of Each Disbursement this Period 606.17
City Dallas State TX Zip Code 75231	Purpose of Disbursement Computer	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		Transaction ID : SB17.5361
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	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2013
Mailing Address Reservoir PI 1601 Trapelo Rd		Amount of Each Disbursement this Period 287.82
City Waltham State ME Zip Code 02451	Purpose of Disbursement Data listing	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		Transaction ID : SB17.5384
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	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Damien Mayfield</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2013
Mailing Address 707 Carpenter Frwy		Amount of Each Disbursement this Period 201.67
City Dallas State TX Zip Code 75247	Purpose of Disbursement Graphic Design Work	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		Transaction ID : SB17.5379
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	Category/Type 006	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1095.66
<b>TOTAL</b> 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 17			
	<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) <b>A. FastSigns</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2013
Mailing Address 707 Carpenter Frwy		Amount of Each Disbursement this Period 206.93 <b>Transaction ID : SB17.5381</b>
City Dallas State TX Zip Code 75247	Purpose of Disbursement Printing 006 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	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>B. FIA Card Services</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2013
Mailing Address P.O. Box 851001		Amount of Each Disbursement this Period 159.67 <b>Transaction ID : SB17.5412</b> <b>[MEMO ITEM]</b>
City Dallas State TX Zip Code 75285	Purpose of Disbursement Credit Card for Airline Tkt 002 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	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>C. FRAZIER GILLS, P.C.</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2013
Mailing Address 400 S. ZANG BLVD. SUITE 330		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.5403</b>
City DALLAS State TX Zip Code 75208	Purpose of Disbursement Loan Payment 009 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	406.93
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5412

Credit Card Payment for Ticket to Amarillo, Tx Fundraiser

Form/Schedule:

Transaction ID:

**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 17	
	<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) <b>A. Old Mill Inn Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 3611 Grand Ave		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.5322</b>
City Dallas State TX Zip Code 75210	Purpose of Disbursement Food For Prayer Breakfast Candidate Name Category/Type 007	
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>B. Old Mill Inn Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 3611 Grand Ave		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.5378</b>
City Dallas State TX Zip Code 75210	Purpose of Disbursement fundraiser Candidate Name Category/Type 003	
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>c. Darnell Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2013
Mailing Address Looking for it		Amount of Each Disbursement this Period 249.00 <b>Transaction ID : SB17.5398</b>
City Mesquite State TX Zip Code 75150	Purpose of Disbursement Candidate Name Category/Type 004	
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1199.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5398

Credit Card Payment

Form/Schedule:

Transaction ID:

**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 17	
	<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) <b>A. TEXAS DEMOCRATIC PARTY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013		
Mailing Address 505 W. 12 STREET #200			Amount of Each Disbursement this Period 2600.00		
City AUSTIN	State TX	Zip Code 78701	Transaction ID : SB17.5396		
Purpose of Disbursement In-kind - Voter file		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013		
Mailing Address 3155 W. Wheatland Rd			Amount of Each Disbursement this Period 53.71		
City Dallas	State TX	Zip Code 75237	Transaction ID : SB17.5383		
Purpose of Disbursement Supplies		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2653.71
<b>TOTAL</b> This Period (last page this line number only).....	5355.30

# 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
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**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/10.4640**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BARBARA MALLORY CARAWAY</b>	<b>[PERSONAL FUNDS]</b>	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

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 03	D 15	Y 2012 Y	M M / D D / Y 11/10/2012 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	2000.00

**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	<b>Transaction ID : SD10.4518</b>	
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	<b>Transaction ID : SD10.4517</b>	
775.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	200.00	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) <b>SUBTOTALS</b> This Period This Page (optional) .....	5075.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	5075.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	2000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	7075.00