

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2012 JUL 18 PM 12:22

Office Use Only FEDERAL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 DR PAM BARLOW for Congress

ADDRESS (number and street) Po Box 1637 Check if different than previously reported. (ACC) BOWIE TX 76230-1637

2. FEC IDENTIFICATION NUMBER 000500496 3. IS THIS REPORT NEW (N) OR AMENDED (A) TX 13

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: 1st X General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 05 ' 10 ' 2012 through 06 ' 30 ' 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Carmen A. Wood Signature of Treasurer Carmen A. Wood Date 07 ' 13 ' 2012

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

12030851708

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Dr. Pam Barlow for Congress

Report Covering the Period:

From:

05 ' 10 ' 2012

To:

06 ' 30 ' 2012

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))....

\$ 2,435.00

\$ 14,125.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0 -

0 -

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)).....

\$ 2,435.00

\$ 14,125.00

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

\$ 2,596.68

\$ 13,707.70

(b) Total Offsets to Operating  
Expenditures (from Line 14).....

0 -

0 -

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)).....

\$ 2,596.68

\$ 13,707.70

8. Cash on Hand at Close of  
Reporting Period (from Line 27).....

415.30

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0 -

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0 -

For further information contact:

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

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

12030851709

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Dr. Pam Barlow for Congress

Report Covering the Period: From: 05<sup>M</sup>' 10<sup>D</sup>' 2012 To: 06<sup>M</sup>' 30<sup>D</sup>' 2012

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

2,435.00

14,125.00

(ii) Unitemized.....

- 0 -

- 0 -

(iii) TOTAL of contributions from individuals ▶

2,435.00

14,125.00

(b) Political Party Committees.....

- 0 -

- 0 -

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

- 0 -

- 0 -

(d) The Candidate.....

- 0 -

- 0 -

(e) TOTAL CONTRIBUTIONS

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

2,435.00

14,125.00

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

- 0 -

- 0 -

13. LOANS:

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

- 0 -

- 0 -

(b) All Other Loans.....

- 0 -

- 0 -

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

- 0 -

- 0 -

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

- 0 -

- 0 -

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

- 0 -

- 0 -

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

2,435.00

14,125.00

12030851710

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2,596.68	13,707.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	— 0 —	— 0 —
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	— 0 —	— 0 —
(b) Of All Other Loans .....	— 0 —	— 0 —
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	— 0 —	— 0 —
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	— 0 —	— 0 —
(b) Political Party Committees.....	— 0 —	— 0 —
(c) Other Political Committees (such as PACs).....	— 0 —	— 0 —
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	— 0 —	— 0 —
21. OTHER DISBURSEMENTS .....	— 0 —	— 0 —
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2,596.68	13,707.70

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	576.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2,435.00
25. SUBTOTAL (add Line 23 and Line 24).....	3,011.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2,596.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	415.30

**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 8

11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Dr. Pam Barlow for Congress**

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

Mailing Address

City State Zip Code  
**TX**

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  
**05 11 2012**

Amount of Each Receipt this Period  
**\$250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joe D. or Nell M. Bailey**

Mailing Address  
**1201 S. Hobart**

City State Zip Code  
**Pampa, TX 79065**

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

Name of Employer Occupation  
**Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
**05 14 2012**

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

**C.** Full Name (Last, First, Middle Initial)  
**Wyeth J or Sandra L Osborne**

Mailing Address  
**1700 N. Russell St**

City State Zip Code  
**Pampa TX 79065**

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  
**05 14 2012**

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

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

**\$450.00**

12030851712

**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 8
	<input 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)  
**Dr. Pam Barlow for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. & Mrs. John Tripplehorn**

Mailing Address  
**8098 Fm 749**

City **Pampa** State **TX** Zip Code **79065**

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  
**05 14 2012**

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

**B.** Full Name (Last, First, Middle Initial)  
**Richard & Susan Zuber**

Mailing Address  
**5424 Vinson**

City **Wichita Falls** State **TX** Zip Code **76310**

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  
**05 14 2012**

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

**C.** Full Name (Last, First, Middle Initial)  
**Ed Braden**

Mailing Address  
**6600 Dreyel Rd**

City **Amarillo** State **TX** Zip Code **79109**

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  
M M / D D / Y Y Y Y  
**05 14 2012**

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

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

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

**\$300.00**

12030851713

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 3 OF 8
	<input 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)  
*Dr. Pam Barton for Congress*

A. Full Name (Last, First, Middle Initial)  
*Ed Stein*

Mailing Address  
*3213 Beech St*

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

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

Name of Employer *United Electric Co.* Occupation *IT Manager*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
*05 15 2012*

Amount of Each Receipt this Period  
*\$25.00*

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

Mailing Address  
*P.O. Box 1096*

City *Gainesville* State *TX* Zip Code *76241*

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  
M M / D D / Y Y Y Y  
*05 15 2012*

Amount of Each Receipt this Period  
*\$250.00*

C. Full Name (Last, First, Middle Initial)  
*Linda Wolf*

Mailing Address  
*16325 County Rd U*

City *Wellington* State *TX* Zip Code *79095*

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  
M M / D D / Y Y Y Y  
*05 15 2012*

Amount of Each Receipt this Period  
*\$500.00*

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

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

*\$775.00*

12030851714

**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 8

<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**

Full Name (Last, First, Middle Initial) <b>Jonathan Willy</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 15 2012</b>
Mailing Address <b>909 Evergreen</b>		Amount of Each Receipt this Period <b>\$25.00</b>
City <b>Borger</b>	State Zip Code <b>TX 79007</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Phillips 66</b>	Occupation <b>Operator</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Rosemary Lindsey</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 15 2012</b>
Mailing Address <b>3516 Willowbrook Dr</b>		Amount of Each Receipt this Period <b>\$100.00</b>
City <b>Fort Worth</b>	State Zip Code <b>TX 76133</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Self</b>	Occupation <b>Veterinarian</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Dale Longford</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 15 2012</b>
Mailing Address <b>1107 Carkspur Ln</b>		Amount of Each Receipt this Period <b>\$50.00</b>
City <b>Seabrook</b>	State Zip Code <b>TX 77586</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Deer Park Animal Hosp</b>	Occupation <b>Veterinarian</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>\$175.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

12030851715



**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 <u>5</u> OF <u>8</u>	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

A. Full Name (Last, First, Middle Initial)  
David Mackey

Mailing Address  
P.O. Box 1812

City Fritch State TX Zip Code 79636

FEC ID number of contributing federal political committee. C

Name of Employer Cherron/Phillips Occupation Stillman

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
05 22 2012

Amount of Each Receipt this Period  
\$25.00

B. Full Name (Last, First, Middle Initial)  
John Scott

Mailing Address  
302 Le Doux Oaks

City League City State TX Zip Code 77573

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Veterinarian

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
05 22 2012

Amount of Each Receipt this Period  
\$50.00

C. Full Name (Last, First, Middle Initial)  
Danny South

Mailing Address  
7003 Windridge

City Amarillo State TX Zip Code 79109

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
05 22 2012

Amount of Each Receipt this Period  
\$25.00

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

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

\$,100.00

12030851716

**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 <u>6</u> OF <u>8</u>	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <u>Wayne Ballard</u>		Date of Receipt M M / D D / Y Y Y Y <u>05 22 2012</u>
Mailing Address <u>Bowie TX 76230</u>		Amount of Each Receipt this Period <u>\$60.00</u>
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Retired</u>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <u>Prescher</u>		Date of Receipt M M / D D / Y Y Y Y <u>05 22 2012</u>
Mailing Address <u>Paducah TX</u>		Amount of Each Receipt this Period <u>\$50.00</u>
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <u>Martha Aulhorn</u>		Date of Receipt M M / D D / Y Y Y Y <u>05 22 2012</u>
Mailing Address <u>Paducah TX</u>		Amount of Each Receipt this Period <u>\$75.00</u>
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<u>\$185.00</u>
TOTAL This Period (last page this line number only).....	

12030851717

**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 8

<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**

Full Name (Last, First, Middle Initial) <b>A. Doyle Parnell</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 22 2012</b>
Mailing Address		Amount of Each Receipt this Period <b>\$100.00</b>
City <b>Paducah</b>	State Zip Code <b>TX 75</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	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Dr. or Mrs. Revell</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 24 2012</b>
Mailing Address <b>4827 Tulip</b>		Amount of Each Receipt this Period <b>\$200.00</b>
City <b>Amarillo,</b>	State Zip Code <b>TX 79110</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$200.00</b>
Name of Employer <b>Self</b>	Occupation <b>MD</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Tony C. or Sylvia J. Stone</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 24 2012</b>
Mailing Address <b>704 Roach St</b>		Amount of Each Receipt this Period <b>\$100.00</b>
City <b>Bowie</b>	State Zip Code <b>TX 76230</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	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<b>\$400.00</b>
TOTAL This Period (last page this line number only).....	

12030851718

**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 8
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <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)  
**Dave Kasper**

Mailing Address **4023 Fm 2920**

City **Spring** State **TX** Zip Code **77388**

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

Name of Employer **Self** Occupation **Veterinarian**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
**05 30 2012**

Amount of Each Receipt this Period  
**\$50.00**

**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 / D D / 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 / D D / 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).....

**\$50.00**  
**\$2,435.00**

12030851719

**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 10

<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. **Wal Mart**

Mailing Address

City **Bowie, TX** State Zip Code

Purpose of Disbursement

**gas**

Candidate Name **Pam Barlow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

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

Date of Disbursement

M M / D D / Y Y Y Y  
**05 11 2012**

Amount of Each Disbursement this Period

**\$50.00**

B. **Jolly Truck Stop**

Mailing Address

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

Purpose of Disbursement

**gas**

Candidate Name **Pam Barlow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

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

Date of Disbursement

M M / D D / Y Y Y Y  
**05 11 2012**

Amount of Each Disbursement this Period

**\$15.07**

C. **Love's Country Store**

Mailing Address

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

Purpose of Disbursement

**gas**

Candidate Name **Pam Barlow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

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

Date of Disbursement

M M / D D / Y Y Y Y  
**05 11 2012**

Amount of Each Disbursement this Period

**\$47.39**

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

**\$112.46**

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

12030851720

**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 10

<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)

Date of Disbursement

M M / D D / Y Y Y Y  
05 / 11 / 2012

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

\$ 238.00

Candidate Name

Pam Barlow

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: TX

District: 13

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
05 / 14 / 2012

B.

Shell

Mailing Address

City

Amarillo, TX

State

Zip Code

Purpose of Disbursement

gas

Amount of Each Disbursement this Period

\$ 55.17

Candidate Name

Pam Barlow

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: TX

District: 13

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
05 / 14 / 2012

C.

Montague County Shopper

Mailing Address

City

Bowie TX

State

Zip Code

Purpose of Disbursement

Printing handouts

Amount of Each Disbursement this Period

\$ 5.41

Candidate Name

Pam Barlow

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: TX

District: 13

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

\$ 298.58

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

12030851721

**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 3 OF 10

<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. Montague County Shopper

Mailing Address

City Bowie, TX State Zip Code

Purpose of Disbursement

Printing

Candidate Name

Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y

05 16 2012

Amount of Each Disbursement this Period

\$3.94

Full Name (Last, First, Middle Initial)

B. Wal Mart

Mailing Address

City Bowie, TX State Zip Code

Purpose of Disbursement

gas

Candidate Name

Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y

05 18 2012

Amount of Each Disbursement this Period

\$60.00

Full Name (Last, First, Middle Initial)

C. KGRQ/KOMX

Mailing Address

City Pampa, TX State Zip Code

Purpose of Disbursement

Radio Advertising

Candidate Name

Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y

05 18 2012

Amount of Each Disbursement this Period

\$200.00

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

\$263.94

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

12030851722

**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 4 OF 10

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

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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

A. A Plus Signs

Mailing Address

City Bowie, TX State Zip Code

Purpose of Disbursement

Signs

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y  
05 18 2012

Amount of Each Disbursement this Period

\$ 700.00

Full Name (Last, First, Middle Initial)

B. I-40 East Station

Mailing Address

City Amarillo, TX State Zip Code

Purpose of Disbursement

gas

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y  
05 21 2012

Amount of Each Disbursement this Period

\$ 54.07

Full Name (Last, First, Middle Initial)

C. Wal Mart

Mailing Address

City Bowie, TX State Zip Code

Purpose of Disbursement

gas

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y  
05 21 2012

Amount of Each Disbursement this Period

\$ 60.00

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

\$ 814.07

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

12030851723



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 10

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

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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

A. Allen's Texaco

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y  
05 21 2012

City Bowie, TX State Zip Code

Amount of Each Disbursement this Period

\$14.99

Purpose of Disbursement  
fix flat tire

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 13

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y  
05 24 2012

City Henrietta, TX State Zip Code

Amount of Each Disbursement this Period

\$21.30

Purpose of Disbursement  
Postage

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 13

Full Name (Last, First, Middle Initial)

C. Montague County Shopper

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y  
05 25 2012

City Bowie, TX State Zip Code

Amount of Each Disbursement this Period

\$6.28

Purpose of Disbursement  
Printing

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 13

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

\$42.57

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

12030851724

**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 6 OF 10

<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) <b>A. Allsup</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 25 2012</b>
Mailing Address		Amount of Each Disbursement this Period <b>\$15.01</b>
City <b>Bowie, TX</b>	State Zip Code	
Purpose of Disbursement <b>gas</b>	Candidate Name <b>Pam Barlow</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <b>TX</b> District: <b>13</b>	Category/Type	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 25 2012</b>
Mailing Address		Amount of Each Disbursement this Period <b>\$157.50</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name <b>Pam Barlow</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <b>TX</b> District: <b>13</b>	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Loves Country Store</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 29 2012</b>
Mailing Address		Amount of Each Disbursement this Period <b>\$48.87</b>
City <b>Wichita Falls, TX</b>	State Zip Code	
Purpose of Disbursement <b>gas</b>	Candidate Name <b>Pam Barlow</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <b>TX</b> District: <b>13</b>	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	<b>\$221.38</b>
TOTAL This Period (last page this line number only).....	

12030851725

**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 10

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

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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

A. KGPC - Am - Fm

Mailing Address

City Amarillo, TX State Zip Code

Purpose of Disbursement Radio Ads

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y

05 29 2012

Amount of Each Disbursement this Period

\$170.00

Full Name (Last, First, Middle Initial)

B. Townsquare Media

Mailing Address

City Wichita Falls, TX State Zip Code

Purpose of Disbursement Radio Ads

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y

05 31 2012

Amount of Each Disbursement this Period

\$150.00

Full Name (Last, First, Middle Initial)

C. Townsquare Media

Mailing Address

City Amarillo, TX State Zip Code

Purpose of Disbursement Radio Ads

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y

05 31 2012

Amount of Each Disbursement this Period

\$150.00

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

\$470.00

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

12030851726

**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. Bowie Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 31 2012</b>
Mailing Address		Amount of Each Disbursement this Period <b>\$10.00</b>
City <b>Bowie, TX</b> State Zip Code	Purpose of Disbursement <b>Bank Service Charge</b>	
Candidate Name <b>Pam Barlow</b>	Category/Type	
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. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 08 2012</b>
Mailing Address		Amount of Each Disbursement this Period <b>\$60.00</b>
City <b>Bowie, TX</b> State Zip Code	Purpose of Disbursement <b>gas</b>	
Candidate Name <b>Pam Barlow</b>	Category/Type	
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. Wal Mart</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 11 2012</b>
Mailing Address		Amount of Each Disbursement this Period <b>\$60.00</b>
City <b>Bowie, TX</b> State Zip Code	Purpose of Disbursement <b>gas</b>	
Candidate Name <b>Pam Barlow</b>	Category/Type	
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>\$130.00</b>
TOTAL This Period (last page this line number only).....	

12030851727

**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 10

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

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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

A. Conservation Parking

Mailing Address

City Fort Worth, TX State Zip Code

Purpose of Disbursement

Parking

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y  
06 09 2012

Amount of Each Disbursement this Period

\$20.00

Full Name (Last, First, Middle Initial)

B. Republican Party of Texas

Mailing Address

City ~~Fort~~ Austin, TX State Zip Code

Purpose of Disbursement

Registration Fee - Texas Repub Conv

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y  
06 10 2012

Amount of Each Disbursement this Period

\$50.00

Full Name (Last, First, Middle Initial)

C. Montague County Shopper

Mailing Address

City Bowie, TX State Zip Code

Purpose of Disbursement

Thank You Ad

Candidate Name Pam Barlow

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y  
06 15 2012

Amount of Each Disbursement this Period

\$42.50

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

\$112.50

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

12030851728

**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 10

<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. A Plus Signs

Mailing Address

City Bowie, TX State Zip Code

Purpose of Disbursement

Signs

Candidate Name

Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y

06 27 2012

Amount of Each Disbursement this Period

\$121.18

Full Name (Last, First, Middle Initial)

B. Bowie Bank

Mailing Address

City Bowie, TX State Zip Code

Purpose of Disbursement

Bank acct Fee

Candidate Name

Pam Barlow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 13

Date of Disbursement

M M / D D / Y Y Y Y

06 29 2012

Amount of Each Disbursement this Period

\$10.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

\$131.18  
\$2,596.68

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

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

12030851729

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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7/13/12

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Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

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

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm N  
PREPARER

7/18/12  
DATE PREPARED

12030851730