

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 FEB 16 AM 11:53

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. DR P.O.M. BARLOW For Congress

ADDRESS (number and street) PO Box 1637 Bowie TX 76230-1637

2. FEC IDENTIFICATION NUMBER 00500496 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) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12F) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 04 ' 03 ' 2012 in the State of TX (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 04 ' 03 ' 2012 in the State of TX

5. Covering Period 00 ' 01 ' 2011 through 12 ' 31 ' 2011

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: [Handwritten Signature] Date: 01 ' 31 ' 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use Only [Grid] FEC FORM 3 (Revised 02/2003)

12030732721

Write or Type Committee Name

Dr. Pam Barlow for Congress

Report Covering the Period From

08'09'2011

To:

12'31'2011

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))....

6,240.00

6,240.00

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

.

.

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

6,240.00

6,240.00

7. Net Operating Expenditures

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

4,587.49

4,587.49

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

.

.

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

4,587.49

4,587.49

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

1,650.51

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

.00

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

.00

For further information contact:

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

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

12030732722

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Dr Pamela Barlow, DUM for Congress

Report Covering the Period

From

08' 01' 2011

To:

12' 31' 2011

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).....

, 6,240.00

, 6,240.00

(ii) Unitemized.....

, 6,240.00

, 6,240.00

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees.....

, .00

, .00

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

, .00

, .00

(d) The Candidate.....

, .00

, .00

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

, 6,240.00

, 6,240.00

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

, .00

, .00

13. LOANS:

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

, .00

, .00

(b) All Other Loans.....

, .00

, .00

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

, .00

, .00

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

, .00

, .00

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

, .00

, .00

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

, 6,240.00

, 6,240.00

12030732723

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	4,887.49	4,587.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
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) ▶	4,587.49	4,587.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6,240.00
25. SUBTOTAL (add Line 23 and Line 24).....	6,240.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4,587.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,652.51

12030732724

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 1
	<input checked="" 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	

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

Full Name (Last, First, Middle Initial) Thompkins, Jeff		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2011
Mailing Address 700 W. Highway 82		Amount of Each Receipt this Period 200.00
City Nocona	State Zip Code TX 76255	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Thompkins, Jeff		Date of Receipt M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address 700 W. Highway 82		Amount of Each Receipt this Period 1,000.00
City Nocona	State Zip Code TX 76255	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Wadsworth, Joe		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2011
Mailing Address 1572 FM 1816		Amount of Each Receipt this Period 100.00
City Bowie	State Zip Code TX 76230	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer Self	Occupation Builder Contractor	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1,300.00
TOTAL This Period (last page this line number only).....	

12030732725

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 11
	<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)
Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial) Wadsworth, Joe		Date of Receipt M M ' D D ' Y Y Y Y 10 17 2011
Mailing Address 1522 FM 1816		Amount of Each Receipt this Period 100.00
City Bowie	State Zip Code TX 76230	
FEC ID number of contributing federal political committee. C00500496		
Name of Employer Self	Occupation Builder-Contractor	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Wright, Granville		Date of Receipt M M ' D D ' Y Y Y Y 10 07 2011
Mailing Address 1140 San Saba Blvd		Amount of Each Receipt this Period 1,000.00
City Carrollton	State Zip Code TX 75007	
FEC ID number of contributing federal political committee. C00500496		
Name of Employer Self	Occupation Veterinarian	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Schraub, Don		Date of Receipt M M ' D D ' Y Y Y Y 09 14 2011
Mailing Address 103 Quail Hollow		Amount of Each Receipt this Period 100.00
City Sunset	State Zip Code TX 76220	
FEC ID number of contributing federal political committee. C00500496		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1,200.00
TOTAL This Period (last page this line number only).....	

12030732726

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>3</u> OF <u>11</u>
	<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)
Dr. Pam Barlow for Congress

A Full Name (Last, First, Middle Initial)
Beall, Sara m DDM

Mailing Address
2820 Broad Acres Lane

City
Arlington State TX Zip Code 76016

FEC ID number of contributing federal political committee.
000500496

Name of Employer
Self Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
10' 25' 2011

Amount of Each Receipt this Period
1,000.00

B Full Name (Last, First, Middle Initial)
Schaub, Don

Mailing Address
103 Quail Hollow

City
Sunset State TX Zip Code 76270

FEC ID number of contributing federal political committee.
000500496

Name of Employer
 Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
10' 03' 2011

Amount of Each Receipt this Period
100.00

C Full Name (Last, First, Middle Initial)
Ward, M. W.

Mailing Address
PO Box 1155

City
Bowde State TX Zip Code 76230

FEC ID number of contributing federal political committee.
000500496

Name of Employer
 Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
10' 25' 2011

Amount of Each Receipt this Period
1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2,100.00

12030732727

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 11

<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)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

A. Binw, Lynnette

Mailing Address

26615 Oak Hill Dr.

City

Spring

State

TX

Zip Code

77386

FEC ID number of contributing federal political committee.

C00500496

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

09' 15' 2011

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Swaim, Harvey

Mailing Address

1540 FM 1810

City

Chico

State

TX

Zip Code

76431

FEC ID number of contributing federal political committee.

C00500496

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

12' 13' 2011

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Adam, Kathy

Mailing Address

1002 N. Matthews

City

Bowie

State

TX

Zip Code

76230

FEC ID number of contributing federal political committee.

C00500496

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

12' 13' 2011

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

12030732728

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 11	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>		<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 for Congress

Full Name (Last, First, Middle Initial) Schaub, Don			Date of Receipt M M / D D / Y Y Y Y 11 / 15		
Mailing Address 103 Quail Hollow					
City Sunset	State TX	Zip Code 76270			
FEC ID number of contributing federal political committee. C 00500496			Amount of Each Receipt this Period , 100.00		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			

Full Name (Last, First, Middle Initial) Greene, Thomas			Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2011		
Mailing Address 1606 N. Park Ave Dr. - P.O. Box 31					
City Bowie	State TX	Zip Code 76230			
FEC ID number of contributing federal political committee. C 00500496			Amount of Each Receipt this Period , 300.00		
Name of Employer		Occupation Chiropractic Physician			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			

Full Name (Last, First, Middle Initial) Fleming, Richard			Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2011		
Mailing Address 12065 FM 1740					
City Wichita Falls	State TX	Zip Code 76305			
FEC ID number of contributing federal political committee. C 00500496			Amount of Each Receipt this Period , 100.00		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date			

SUBTOTAL of Receipts This Page (optional).....			, 500.00		
TOTAL This Period (last page this line number only).....					

12030732729

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

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

Full Name (Last, First, Middle Initial) Turner, Jonathan		Date of Receipt M M / D D / Y Y Y Y 09 02 2011
Mailing Address 2608 Dunwick Drive		Amount of Each Receipt this Period 100.00
City Plano	State Zip Code TX 75023	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Kuhn, Marvin		Date of Receipt M M / D D / Y Y Y Y 09 02 2011
Mailing Address 6122 FM 723 Rd		Amount of Each Receipt this Period 50.00
City Richmond	State Zip Code TX 77406	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Hoving, Nick		Date of Receipt M M / D D / Y Y Y Y 09 02 2011
Mailing Address 3 Raymond Circle		Amount of Each Receipt this Period 50.00
City Wichita Falls	State Zip Code TX 76308	
FEC ID number of contributing federal political committee. C 00500496		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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

12030732730

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

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

Full Name (Last, First, Middle Initial) Plake, Earl		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 210 So. Wigham St.		Amount of Each Receipt this Period 50.00
City Burkburnett	State Zip Code TX 76354	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Kent, B.C.		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2011
Mailing Address PO Box 212		Amount of Each Receipt this Period 50.00
City Nocona	State Zip Code TX 76255	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Thompson, Judy		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 8033 Birchwood Dr.		Amount of Each Receipt this Period 25.00
City Chesterland	State Zip Code Ohio 44	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

12030732731

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

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

Full Name (Last, First, Middle Initial) Dameron, Tommy		Date of Receipt M M / D D / Y Y Y Y 10 18 2011
Mailing Address 8109 Challenge Dr		Amount of Each Receipt this Period 20.00
City Amarillo	State Zip Code TX 79119	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer us airforce	Occupation Ret Air Force LTCel	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Hale, James A		Date of Receipt M M / D D / Y Y Y Y 10 17 2011
Mailing Address 2703 Mockingbird Lane		Amount of Each Receipt this Period 25.00
City Amarillo	State Zip Code TX 79109	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer Self	Occupation DDS - Dentist	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Kitts, Tom		Date of Receipt M M / D D / Y Y Y Y 08 16 2011
Mailing Address 10 Nottingham		Amount of Each Receipt this Period 20.00
City Amarillo	State Zip Code TX 79124	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

12030732732

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER (check only one)		PAGE 9 OF 11	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>		<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 for Congress

A Full Name (Last, First, Middle Initial)
Stein, Edwin

Mailing Address
3213 Beech Street

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

FEC ID number of contributing federal political committee. **C 00500496**

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
09 02 2011

Amount of Each Receipt this Period
, , **10.00**

B Full Name (Last, First, Middle Initial)
Key, Roena

Mailing Address
3309 S. Dallas

City **Amarillo** State **TX** Zip Code **79103**

FEC ID number of contributing federal political committee. **C 00500496**

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
10 18 2011

Amount of Each Receipt this Period
, , **10.00**

C Full Name (Last, First, Middle Initial)
Hegwer, Jan

Mailing Address
8213 Prosper

City **Amarillo** State **TX** Zip Code **79119**

FEC ID number of contributing federal political committee. **C 00500496**

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
08 16 2011

Amount of Each Receipt this Period
, , **10.00**

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

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

, , **30.00**

, ,

12030732733

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 10 OF 11
	<input checked="" 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) Perry, Mary		Date of Receipt M M / D D / Y Y Y Y 08 16 2011
Mailing Address 9000 Perry Ave		Amount of Each Receipt this Period 5.00
City Amarillo	State TX Zip Code 79119	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Braden, Ed		Date of Receipt M M / D D / Y Y Y Y 08 16 2011
Mailing Address 6600 Drexel Rd		Amount of Each Receipt this Period 5.00
City Amarillo	State TX Zip Code 79109	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Driffin, Eugene		Date of Receipt M M / D D / Y Y Y Y 08 16 2011
Mailing Address 5400 Leo Lane		Amount of Each Receipt this Period 5.00
City Amarillo	State TX Zip Code 79110	
FEC ID number of contributing federal political committee. C 00500496		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

12030732734

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 11 OF 11	
<input checked="" 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 for Congress

Full Name (Last, First, Middle Initial)
A Miller, Ken

Mailing Address
8306 Progress

City **Amarillo** State **TX** Zip Code **79119**

FEC ID number of contributing federal political committee.
C 00500426

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
08 16 2011

Amount of Each Receipt this Period
 \$ **5.00**

Full Name (Last, First, Middle Initial)
B

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

Full Name (Last, First, Middle Initial)
C

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).....

\$ **5.00**
6,240.00

12030732735

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

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

Full Name (Last, First, Middle Initial) A Amazon		Date of Disbursement M M ' D D ' Y Y Y Y 03 ' 03 ' 2011
Mailing Address Amazon.com		Amount of Each Disbursement this Period 59.52
City	State Zip Code	
Purpose of Disbursement Book for Political office		Category/ Type
Candidate Name Dr Pam Barlow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 13		

Full Name (Last, First, Middle Initial) B Wal-Mart		Date of Disbursement M M ' D D ' Y Y Y Y 10 ' 06 ' 2011
Mailing Address 1341 E. U.S. Hwy 287 N.		Amount of Each Disbursement this Period 8.61
City	State Zip Code TX 76230	
Purpose of Disbursement Office Supplies		Category/ Type
Candidate Name Dr Pam Barlow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 13		

Full Name (Last, First, Middle Initial) C Tractor Supply		Date of Disbursement M M ' D D ' Y Y Y Y 10 ' 11 ' 2011
Mailing Address 1532 Hwy 59 N.		Amount of Each Disbursement this Period 22.70
City	State Zip Code TX 76230	
Purpose of Disbursement Posts & Cord to put up Sign		Category/ Type
Candidate Name Dr Pam Barlow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 13		

SUBTOTAL of Disbursements This Page (optional).....	90.83
TOTAL This Period (last page this line number only).....	

12030732736

**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 7

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

A Walmart

Date of Disbursement

10/31/2011

Mailing Address

1341 E U.S. Hwy 297 W.

City

Bowie

State

TX

Zip Code

76230

Purpose of Disbursement

Office Supplies

Amount of Each Disbursement this Period

16.41

Candidate Name

Dr. Pam Barlow

17
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TX

District: 13

Full Name (Last, First, Middle Initial)

B My Bank

Date of Disbursement

10/31/2011

Mailing Address

PO Box 271

City

Bowie

State

TX

Zip Code

76230

Purpose of Disbursement

Service Chg

Amount of Each Disbursement this Period

10.00

Candidate Name

Dr Pam Barlow

17
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TX

District: 13

Full Name (Last, First, Middle Initial)

C My Bank

Date of Disbursement

08/31/2011

Mailing Address

PO Box 271

City

Bowie

State

TX

Zip Code

76230

Purpose of Disbursement

Bank Service chg

Amount of Each Disbursement this Period

10.00

Candidate Name

Dr Pam Barlow

17
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TX

District: 13

SUBTOTAL of Disbursements This Page (optional)

36.41

TOTAL This Period (last page this line number only)

12030732737

**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 7

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

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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 ' 20 ' 2011

A AT+T

Mailing Address

14575 Presidio Square Room 100 CR

City

Houston

State

TX

Zip Code

77083

Purpose of Disbursement

Telephone for Barlow Hdqtrs

Candidate Name

Dr Pam Barlow

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TX

District: 13

Amount of Each Disbursement this Period

161.48

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 ' 29 ' 2011

B AT+T

Mailing Address

14575 Presidio Square Room 100 CR

City

Houston

State

TX

Zip Code

77083

Purpose of Disbursement

Telephone for Campaign Hdqtrs

Candidate Name

Dr Pam Barlow

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TX

District: 13

Amount of Each Disbursement this Period

93.97

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 ' 21 ' 2011

C AT+T

Mailing Address

14575 Presidio Square Room 100CR

City

Houston

State

TX

Zip Code

77083

Purpose of Disbursement

Telephone for Campaign Hdqtrs

Candidate Name

Dr Pam Barlow

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TX

District: 13

Amount of Each Disbursement this Period

102.82

SUBTOTAL of Disbursements This Page (optional)

358.27

TOTAL This Period (last page this line number only)

12030732738

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

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

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

Full Name (Last, First, Middle Initial) A USPO of Bowie		Date of Disbursement M M / D D / Y Y Y Y 11 30 2011
Mailing Address		Amount of Each Disbursement this Period 8.80
City Bowie	State TX Zip Code 762309998	
Purpose of Disbursement Postage	Candidate Name Dr Pam Barlow	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 13	Full Name (Last, First, Middle Initial)	

Full Name (Last, First, Middle Initial) B USPO of Bowie		Date of Disbursement M M / D D / Y Y Y Y 08 03 2011
Mailing Address		Amount of Each Disbursement this Period 5.59
City Bowie	State TX Zip Code 762309998	
Purpose of Disbursement Postage	Candidate Name Dr Pam Barlow	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 13	Full Name (Last, First, Middle Initial)	

Full Name (Last, First, Middle Initial) C MY Bank		Date of Disbursement M M / D D / Y Y Y Y 09 30 2011
Mailing Address PO Box 271		Amount of Each Disbursement this Period 10.00
City Bowie	State TX Zip Code 76230	
Purpose of Disbursement Bank svc fee	Candidate Name Dr Pam Barlow	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 13	Full Name (Last, First, Middle Initial)	

SUBTOTAL of Disbursements This Page (optional).....	24.39
TOTAL This Period (last page this line number only).....	

12030732739

**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>5</u> OF <u>7</u>	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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

Full Name (Last, First, Middle Initial) A <u>A-Plus Signs</u>		Date of Disbursement M M ' D D ' Y Y Y Y <u>10 04 2011</u>
Mailing Address <u>1500 E Wise st</u>		Amount of Each Disbursement this Period <u>100.00</u>
City <u>Bowie</u>	State <u>TX</u> Zip Code <u>76230</u>	
Purpose of Disbursement <u>Bumper stickers</u>		Category/ Type
Candidate Name <u>Dr Pam Barlow</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>TX</u> District: <u>13</u>		

Full Name (Last, First, Middle Initial) B <u>A-Plus Signs</u>		Date of Disbursement M M ' D D ' Y Y Y Y <u>10 11 2011</u>
Mailing Address <u>1500 E. Wise st.</u>		Amount of Each Disbursement this Period <u>185.11</u>
City <u>Bowie</u>	State <u>TX</u> Zip Code <u>76230</u>	
Purpose of Disbursement <u>Vinyl Banner for Hdqtrs</u>		Category/ Type
Candidate Name <u>Dr Pam Barlow</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>TX</u> District: <u>13</u>		

Full Name (Last, First, Middle Initial) C <u>A-Plus Sign</u>		Date of Disbursement M M ' D D ' Y Y Y Y <u>11 23 2011</u>
Mailing Address <u>1500 E. Wise</u>		Amount of Each Disbursement this Period <u>448.47</u>
City <u>Bowie</u>	State <u>TX</u> Zip Code <u>76230</u>	
Purpose of Disbursement <u>Bumper stickers for Campaign Ad</u>		Category/ Type
Candidate Name <u>Dr Pam Barlow</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>TX</u> District: <u>13</u>		

SUBTOTAL of Disbursements This Page (optional).....	<u>733.58</u>
TOTAL This Period (last page this line number only).....	

12030732740

**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 7

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow

Full Name (Last, First, Middle Initial)

A Sticker Banners inc

Mailing Address

City State Zip Code

Purpose of Disbursement

advertising

Candidate Name

Dr. 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
09 10 2011

Amount of Each Disbursement this Period

, , 102.00

B Vista Print

Mailing Address

VistaPrint.com

City State Zip Code

Purpose of Disbursement

Business Cards

Candidate Name

Dr. 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
09 10 2011

Amount of Each Disbursement this Period

, , 17.49

C Shell Oil Company

Mailing Address

City State Zip Code

AR

Purpose of Disbursement

Gasoline

Candidate Name

Dr. 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
11 21 2011

Amount of Each Disbursement this Period

, , 48.25

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

, , 167.74

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

, ,

12030732741

**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 **7**

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 Fast Mart

Date of Disbursement

M M / D D / Y Y Y Y
11 22 2011

Mailing Address

City State Zip Code

VA

Amount of Each Disbursement this Period

48.27

Purpose of Disbursement

Gasoline

Candidate Name

Dr 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 Republican Party for Texas

Date of Disbursement

M M / D D / Y Y Y Y
12 01 2011

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

3,128.00

Purpose of Disbursement

Filing fee - for Candidate

Candidate Name

Dr. 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.

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional) **3176.**

3,176.27

TOTAL This Period (last page this line number only)

4,587.49

12030732742

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

USPS Registered/Certified Postmarked (R/C)
1/31/12

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

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

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature]
 PREPARER
 (3/2005)

2/6/12
 DATE PREPARED

12030732743