



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

FEDERAL ELECTION COMMISSION
PUBLIC RECORDS DIVISION

2012 MAY 24 12:49 PM '12

RQ-7

CARMEN ADELLE WOOD, TREASURER
DR. PAM BARLOW FOR CONGRESS COMMITTEE
PO BOX 1637
BOWIE, TX 76230

IDENTIFICATION NUMBER: C00500496

REFERENCE: PRE-PRIMARY REPORT 4/1/2012 - 5/9/2012

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED.

YOU WILL BE ALLOWED UNTIL 5:00 PM EST ON THE FOURTH (4th) BUSINESS DAY FROM THE DATE OF THIS NOTICE TO FILE THIS REPORT TO AVOID PUBLICATION. IF YOU HAVE ALREADY FILED THE REPORT BY EXPRESS, CERTIFIED OR REGISTERED MAIL OR ARE PLANNING TO FILE IT WITHIN FOUR (4) BUSINESS DAYS FROM THE DATE OF THIS NOTICE, PLEASE NOTIFY US IMMEDIATELY OF THE CERTIFIED, REGISTERED OR EXPRESS TRACKING NUMBER AND THE DATE THAT THE REPORT WAS SENT.

THE REPORT MUST BE FILED WITH THE FEDERAL ELECTION COMMISSION, 999 E STREET, N.W., WASHINGTON, D.C. 20463 FOR HOUSE CANDIDATES, OR THE SECRETARY OF THE SENATE, 232 HART SENATE OFFICE BUILDING, WASHINGTON, D.C. 20510 (MAILING ADDRESS: OFFICE OF PUBLIC RECORDS, P.O. BOX 77578, WASHINGTON, DC 20013-7578), FOR SENATE CANDIDATES. PLEASE NOTE THAT ELECTRONIC FILERS MUST SUBMIT THEIR REPORTS ELECTRONICALLY, AS PER 11 CFR §104.18. A COPY OF THE REPORT MUST ALSO BE FILED WITH THE SECRETARY OF STATE OR EQUIVALENT STATE OFFICER UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES.

IN ADDITION, THE FAILURE TO TIMELY FILE THIS REPORT MAY RESULT IN CIVIL MONEY PENALTIES, AN AUDIT OR OTHER LEGAL ENFORCEMENT ACTION. THE CIVIL MONEY PENALTY CALCULATION FOR LATE REPORTS DOES NOT INCLUDE A GRACE PERIOD AND BEGINS ON THE DAY FOLLOWING THE DUE DATE FOR THE REPORT.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT CHRISTOPHER RITCHIE IN THE REPORTS ANALYSIS DIVISION ON OUR TOLL FREE NUMBER (800)424-9530. OUR LOCAL NUMBER IS (202)694-1130.

SINCERELY,

Debbie Chacona

DEBBIE CHACONA
ASSISTANT STAFF DIRECTOR
REPORTS ANALYSIS DIVISION (RAD)

12030813887

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 MAY 24 AM 11:31 Office Use Only

FEC MAIL 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 76239-1637

2. FEC IDENTIFICATION NUMBER C00580496 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) 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 05 ' 29 ' 2012 in the State of TX (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 04 ' 01 ' 2012 through 05 ' 09 ' 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 Date 05 ' 23 ' 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.

12030813888

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Dr. Pam Barlow For Congress

Report Covering the Period:

From:

04 ' 09 ' 2012

To:

05 ' 09 ' 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))....	1,630.00	11,690.00
(b) Total Contribution Refunds (from Line 20(d))	- 0 -	- 0 -
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1,630.00	11,690.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4,150.49	11,111.82
(b) Total Offsets to Operating Expenditures (from Line 14)	- 0 -	11,111.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4,150.49	11,111.82
8. Cash on Hand at Close of Reporting Period (from Line 27)	578.98	
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

12030813889

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

Dr. Pam Barlow for Congress

Report Covering the Period: From: *04 ' 01 ' 2012* To: *05 ' 09 ' 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)	1,630.00	11,690.00
(ii) Unitemized	-	-
(iii) TOTAL of contributions from individuals ▶	1,630.00	11,690.00
(b) Political Party Committees	-	-
(c) Other Political Committees (such as PACs)	-	-
(d) The Candidate	-	-
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1,630.00	11,690.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

, -0.00 , -0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate	-	-
(b) All Other Loans	-	-
(c) TOTAL LOANS (add Lines 13(a) and (b))	-	-

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

, -0.00 , -0.00

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

, -0.00 , -0.00

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

, 1,630.00 , 11,690.00

12030813890

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	4,150.49	11,111.02
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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4,150.49	11,211.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3,097.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1,630.00
25. SUBTOTAL (add Line 23 and Line 24).....	4,727.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4,150.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	576.98

12030813891

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

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d		
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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)
Don Schraub

Mailing Address
103 Quail Hollow

City **Sunset** State **TX** Zip Code **76270**

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
04 / **02** / **2012**

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Greg Underwood

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
04 / **06** / **2012**

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Anna Hayes

Mailing Address
6544 FM 1753

City **Denison** State **TX** Zip Code **75021**

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

Name of Employer Occupation
Hayes Equine Veterinarian

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
04 / **18** / **2012**

Amount of Each Receipt this Period
~~459.30~~
50.00

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

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

300.00

12030813892

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

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

A. Sharon Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5211 Catskills**
 City: **Wichita Falls, TX** State: **TX** Zip Code: **76310**
 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: **04** / **12** / **2012**
 Amount of Each Receipt this Period: **2500**

B. Cpt R F Land
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2784 Starkey Rd**
 City: **Saint Jo, TX** State: **TX** Zip Code: **76265**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Retired** Occupation: **Former Airline Pilot**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date:

Date of Receipt: **04** / **12** / **2012**
 Amount of Each Receipt this Period: **10000**

C. Dr. Paula H Land AVD
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2784 Starkey Rd**
 City: **Saint Jo, TX** State: **TX** Zip Code: **76265**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Self** Occupation: **Audiologist**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date:

Date of Receipt: **04** / **12** / **2012**
 Amount of Each Receipt this Period: **10000**

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

22500

12030813893

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

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Allison Land

Mailing Address
2786 Starkey

City **Saint Jo** State **TX** Zip Code **76265**

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

Name of Employer **Hillsdale College** Occupation **Student**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
04 / **12** / **2012**

Amount of Each Receipt this Period
10000

B. Full Name (Last, First, Middle Initial)
Virginia Land

Mailing Address
2786 Starkey

City **Saint Jo** State **TX** Zip Code **76265**

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

Name of Employer **NCTC** Occupation **Student**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
04 / **12** / **2012**

Amount of Each Receipt this Period
10000

C. Full Name (Last, First, Middle Initial)
Bill Lockwood

Mailing Address
2716 Rogers Lane

City **Wichita Falls** State **TX** Zip Code **76305**

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

Name of Employer **WFISD/Church of Christ** Occupation **Teacher/Preacher**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
04 / **12** / **2012**

Amount of Each Receipt this Period
5000

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

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

25000

12030813894

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

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

Full Name (Last, First, Middle Initial)
A. Mary Jane + Charles Herrmann

Mailing Address
242 Mojave Trail

City State Zip Code
Wichita Falls, TX 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
04 / 12 / 2012

Amount of Each Receipt this Period
5000

Full Name (Last, First, Middle Initial)
B. Patsy Spracklen

Mailing Address
1149 Country Club

City State Zip Code
Bowie TX 76230

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
04 / 12 / 2012

Amount of Each Receipt this Period
5000

Full Name (Last, First, Middle Initial)
C. Jim or Vickie Gilmore

Mailing Address
P.O. Box 136

City State Zip Code
Fowa Park TX 76367

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
04 / 12 / 2012

Amount of Each Receipt this Period
10000

SUBTOTAL of Receipts This Page (optional).....
20000

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

12030813895

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	OF
	<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)
A. Carroll + Mickki Brooks

Mailing Address
1408 Jackson St

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

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

Name of Employer Occupation
Teacher

Receipt For: Primary General
 Other (specify) Election Cycle-to-Date

Date of Receipt
04 / **17** / **2012**

Amount of Each Receipt this Period
10000

Full Name (Last, First, Middle Initial)
B. James Silverthorn

Mailing Address
P.O. Box 1672

City **Canyon** State **TX** Zip Code **79015**

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
04 / **25** / **2012**

Amount of Each Receipt this Period
3000

Full Name (Last, First, Middle Initial)
C. Don + Rhonda Schraub

Mailing Address
103 Quail Hollow

City **Bunnet** State **TX** Zip Code **76270**

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

Name of Employer Occupation
FAA Flight Control

Receipt For: Primary General
 Other (specify) Election Cycle-to-Date

Date of Receipt
04 / **25** / **2012**

Amount of Each Receipt this Period
20000

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

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

33000

12030813896

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

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
James + Darlene Skinner

Mailing Address
3262 FM 367W

City **Iowa Park** State **TX** Zip Code **76367**

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
04 / 13 / 2012

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
James Skinner

Mailing Address
3262 FM 367W

City **Iowa Park** State **TX** Zip Code **76367**

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

Name of Employer Occupation
Mike's Towing Service Tow truck driver

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
04 / 30 / 2012

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mexie Currie

Mailing Address
316 Wheeler Creek Court

City **Gainesville** State **TX** 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
04 / 30 / 2012

Amount of Each Receipt this Period
150.00

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

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

300.00

12030813897

Page 6/7

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

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

Full Name (Last, First, Middle Initial)
A. Barbara Moore

Mailing Address
4504 Spanish Trace, Apt 3

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
04 / 26 / 2012

Amount of Each Receipt this Period
25.00

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

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

Amount of Each Receipt this Period

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

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

25.00
1630.00

12030813898

Page 7/7

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

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. Pamela Barlow for Congress

A. Montague County Shopper

Full Name (Last, First, Middle Initial)
Mailing Address
City
State
Zip Code

Date of Disbursement

Amount of Each Disbursement this Period

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

Category/Type

B. A Plus Signs

Full Name (Last, First, Middle Initial)
Mailing Address
City
State
Zip Code

Date of Disbursement

Amount of Each Disbursement this Period

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

Category/Type

C. A Plus Signs

Full Name (Last, First, Middle Initial)
Mailing Address
City
State
Zip Code

Date of Disbursement

Amount of Each Disbursement this Period

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

Category/Type

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

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

12030813899

**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 OF	
	<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)

Date of Disbursement
04' 05' 2012

A. **AT+T**

Amount of Each Disbursement this Period
127.29

Mailing Address

City State Zip Code

Purpose of Disbursement
Telephone bill

Candidate Name
Pamela Barlow, DVM

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

Full Name (Last, First, Middle Initial)

Date of Disbursement
04' 11' 2012

B. **KNTX Radio**

Amount of Each Disbursement this Period
10000

Mailing Address

City State Zip Code

Purpose of Disbursement
Advertising

Candidate Name
Pamela Barlow, DVM

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

Full Name (Last, First, Middle Initial)

Date of Disbursement
04' 12' 2012

C. **Wandering Star Printing**

Amount of Each Disbursement this Period
5000

Mailing Address

City State Zip Code

Purpose of Disbursement
Campaign Buttons

Candidate Name
Pamela Barlow, DVM

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

SUBTOTAL of Disbursements This Page (optional)..... **27729**

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

12030813900

**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 OF

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. Flying J 741

Date of Disbursement

MM/DD/YYYY
04/13/2012

Mailing Address

City Wichita Falls State TX Zip Code

Amount of Each Disbursement this Period

6223

Purpose of Disbursement

gas

Candidate Name

Pamela Barlow, DVM

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TX

District: 13

Full Name (Last, First, Middle Initial)

B. Wal-Mart 0271

Date of Disbursement

MM/DD/YYYY
04/16/2012

Mailing Address

City Bowie, TX State TX Zip Code 76230

Amount of Each Disbursement this Period

541

Purpose of Disbursement

gas Envelopes

Candidate Name

Pamela Barlow, DVM

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

Date of Disbursement

MM/DD/YYYY
04/16/2012

Mailing Address

1300 East Wise

City Bowie State TX Zip Code 76230

Amount of Each Disbursement this Period

15798

Purpose of Disbursement

Advertising

Candidate Name

Pamela Barlow, DVM

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TX

District: 13

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

22562

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

12030813901

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

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

A. Janice Hill/Texas Gun + Knife Show

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement: **Booth Fee**

Candidate Name: **Pamela Barlow, Dm**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement: **04/16/2012**

Amount of Each Disbursement this Period: **2500**

B. KGNC AM-FM

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement: **Radio Advertising**

Candidate Name: **Pamela Barlow, Dm**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **TX** District:

Date of Disbursement: **04/26/2012**

Amount of Each Disbursement this Period: **878.90**

C. Wal-Mart 0271

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement: **gas**

Candidate Name: **Pamela Barlow, Dm**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement: **04/30/2012**

Amount of Each Disbursement this Period: **50.00**

SUBTOTAL of Disbursements This Page (optional)..... **953.90**

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

12030813902

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

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

A. Montague County Shopper

Date of Disbursement

04 / 30 / 2012

Mailing Address

1300 E WISE

City

Bowie

State

TX

Zip Code

76230

Purpose of Disbursement

Photo copies

Amount of Each Disbursement this Period

2598

Candidate Name

Pamela Barlow, Dm

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

TX

District:

13

Full Name (Last, First, Middle Initial)

B. Montague County Shopper

Date of Disbursement

04 / 30 / 2012

Mailing Address

1300 E WISE

City

Bowie

State

TX

Zip Code

76230

Purpose of Disbursement

Advertising

Amount of Each Disbursement this Period

6000

Candidate Name

Pamela Barlow, Dm

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

TX

District:

13

Full Name (Last, First, Middle Initial)

C. Townsquare Media - Wichita Falls

Date of Disbursement

04 / 30 / 2012

Mailing Address

P.O. Box #200221

City

Houston, Wichita Falls

State

TX

Zip Code

77216

Purpose of Disbursement

Radio Advertising

Amount of Each Disbursement this Period

79200

Candidate Name

Pamela Barlow, Dm

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

TX

District:

13

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

87798

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

12030813903

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

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

A. KGAF Radio

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 368**

City: **Gainesville TX** Zip Code: **76241**

Purpose of Disbursement: **Radio Advertising**

Candidate Name: **Pamela Barlow, DVM**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement: **04/30/2012**

Amount of Each Disbursement this Period: **3000**

B. American Classifieds

Full Name (Last, First, Middle Initial)

Mailing Address

City: **Amarillo/Wichita Falls TX** Zip Code

Purpose of Disbursement: **Print Advertising**

Candidate Name: **Pamela Barlow, DVM**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement: **05/02/2012**

Amount of Each Disbursement this Period: **37600**

C. Crossroads Express

Full Name (Last, First, Middle Initial)

Mailing Address: **903 Summit**

City: **Gainesville TX** Zip Code: **76241**

Purpose of Disbursement: **gas**

Candidate Name: **Pamela Barlow, DVM**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

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

Date of Disbursement: **05/04/2012**

Amount of Each Disbursement this Period: **3666**

SUBTOTAL of Disbursements This Page (optional)..... **73266**

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

12030813904

**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 OF

<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 (If Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

A. Townsquare Media

Mailing Address

6214 W 34th

City

Amarillo, TX

State

Zip Code

79109

Purpose of Disbursement

Radio Advertising

Candidate Name

Pamela Barlow, DM

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TX

District: 13

Date of Disbursement

05/07/2012

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address

City

Austin, TX

State

Zip Code

76

Purpose of Disbursement

Photocopies

Candidate Name

Pamela Barlow, DM

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TX

District: 13

Date of Disbursement

05/08/2012

Amount of Each Disbursement this Period

4395

Full Name (Last, First, Middle Initial)

C. Donation Pages

Mailing Address

internet

City

State

Zip Code

Purpose of Disbursement

Transaction fees

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

04/23/2012

Amount of Each Disbursement this Period

666

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

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

85061
415049

12030813905

Federal Election Commission
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Next Business Day Delivery

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(3/2005)

5/24/12
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