

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 FEB 12 12:55

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

ADDRESS (number and street) Check if different than previously reported. (ACC) 100 n Smythe st BOWIE TX 76230

2. FEC IDENTIFICATION NUMBER C 00500496 3. IS THIS REPORT NEW OR AMENDED N 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 in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 14 through 02 12 14

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Pamela Lee Barlow, Dm Signature of Treasurer Pamela Lee Barlow Date 25 Feb 2014

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

14031191902

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Dr. Pam Barlow for Congress

Report Covering the Period:

From:

01-01-14

To:

02-12-14

COLUMN A  
This Period

COLUMN B  
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

8312.00

20,497.00

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

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

8312.00

20,497.00

7. Net Operating Expenditures

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

722.05

8932.16

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

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

722.05

8932.16

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

12,300.71

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

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

For further information contact:

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

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

14031191903

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:

01-01-14

To:

02-12-14

I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

8312.00

20,497.00

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

(ii) Unitemized.....

(iii) TOTAL of contributions  
from individuals ▶

(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))..

8312.00

20,497.00

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

13. LOANS:

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

(b) All Other Loans.....

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

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

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

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

8312.00

20,497.00

14031191904

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
**Total This Period**

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

17. OPERATING EXPENDITURES.....	722.05	8932.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
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)).....		
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	722.05	8932.16

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4710.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8312.00
25. SUBTOTAL (add Line 23 and Line 24) .....	13,022.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	722.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12,300.71

14031191905

**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 20a	18 20b	19a 20c	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 committees.

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

**A** Full Name (Last, First, Middle Initial) **Pilot 0436**

Mailing Address

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

Purpose of Disbursement **Fuel**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

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

Date of Disbursement **01 22 2014**

Amount of Each Disbursement this Period **38.58**

**B** Full Name (Last, First, Middle Initial) **Montague County Shopper**

Mailing Address

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

Purpose of Disbursement **Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

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

Date of Disbursement **01 22 2014**

Amount of Each Disbursement this Period **15.16**

**C** Full Name (Last, First, Middle Initial) **Facebook NPTXD5W662**

Mailing Address **WWW.FB.MECC CA**

City State Zip Code

Purpose of Disbursement **Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

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

Date of Disbursement **01 24 2014**

Amount of Each Disbursement this Period **25.79**

**SUBTOTAL** of Disbursements This Page (optional) **79.53**

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

14031191906

**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. Murphy Express</b>		Date of Disbursement <b>01 09, 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>39.93</b>
City <b>Wichita Falls</b>	State <b>TX</b> Zip Code <b>76310</b>	
Purpose of Disbursement <b>Fuel</b>	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

Full Name (Last, First, Middle Initial) <b>B. Town Square Media</b>		Date of Disbursement <b>01-10-2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>50.00</b>
City <b>Wichita Falls</b>	State <b>TX</b> Zip Code	
Purpose of Disbursement <b>Advertising</b>	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

Full Name (Last, First, Middle Initial) <b>C. PILOT 0436</b>		Date of Disbursement <b>01 13 14</b>
Mailing Address		Amount of Each Disbursement this Period <b>22.86</b>
City <b>Amarillo</b>	State <b>TX</b> Zip Code	
Purpose of Disbursement <b>Fuel</b>	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

SUBTOTAL of Disbursements This Page (optional) ..... **112.79**

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

14031191907

**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 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. Walmart Super Center

Mailing Address

City: Childress State: TX Zip Code

Purpose of Disbursement

Fuel

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: TX District: 13

Date of Disbursement

01 13 2014

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. Corner Store 1764

Mailing Address

City: Roanoke State: TX Zip Code

Purpose of Disbursement

Fuel

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: TX District: 13

Date of Disbursement

01 15 2014

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Murphy Express

Mailing Address

City: Wichita Falls State: TX Zip Code

Purpose of Disbursement

Fuel

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: TX District: 13

Date of Disbursement

01 17 2014

Amount of Each Disbursement this Period

50.52

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

130.52

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

14031191908

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input type="checkbox"/> 17 <input type="checkbox"/> 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** Full Name (Last, First, Middle Initial) Jolly Truck Stop Date of Disbursement 01 21 2014

Mailing Address \_\_\_\_\_ Amount of Each Disbursement this Period 51.17

City Wichita Falls TX State TX Zip Code \_\_\_\_\_

Purpose of Disbursement Fuel Category/Type \_\_\_\_\_

Candidate Name \_\_\_\_\_

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

State: TX District: 13

**B** Full Name (Last, First, Middle Initial) Chico Mart Date of Disbursement 01 21 2014

Mailing Address \_\_\_\_\_ Amount of Each Disbursement this Period 10.00

City Chico TX State TX Zip Code \_\_\_\_\_

Purpose of Disbursement Fuel Category/Type \_\_\_\_\_

Candidate Name \_\_\_\_\_

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

State: TX District: 13

**C** Full Name (Last, First, Middle Initial) Facebook 2UT5F5A762 Date of Disbursement 01 21 2014

Mailing Address WWW.FB.ME.CC.CA Amount of Each Disbursement this Period 25.36

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement Advertisement Category/Type \_\_\_\_\_

Candidate Name \_\_\_\_\_

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

State: TX District: 13

**SUBTOTAL** of Disbursements This Page (optional) ..... 86.53

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

14031191909



**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 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** Facebook 8VAUUSE762

Mailing Address

WWW.FB.MECC CA

City

State Zip Code

Date of Disbursement

01 30 2014

Amount of Each Disbursement this Period

8.82

Purpose of Disbursement

Advertising

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
Other (specify)

State:

TX

District:

13

Full Name (Last, First, Middle Initial)

**B** TUOCA

Mailing Address

City

State Zip Code

Date of Disbursement

01 31 2014

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement

Fee for Booth

Candidate Name

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

City

State Zip Code

Date of Disbursement

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).....

58.82

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

140311910

**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

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

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

A Jolly Truck Stop  
Mailing Address  
City: Wichita Falls TX State: TX Zip Code  
Purpose of Disbursement: Fuel  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: TX District: 13

Date of Disbursement: 01 24 2014  
Amount of Each Disbursement this Period: 51.22

B Jolly Truck Stop  
Mailing Address  
City: Wichita Falls TX State: TX Zip Code  
Purpose of Disbursement: Fuel  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: TX District: 13

Date of Disbursement: 01 27 2014  
Amount of Each Disbursement this Period: 48.41

C U S P S 4809750630  
Mailing Address  
City: Bonne TX State: TX Zip Code: 76230  
Purpose of Disbursement: Postage  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: TX District: 13

Date of Disbursement: 01 30 2014  
Amount of Each Disbursement this Period: 8.24

SUBTOTAL of Disbursements This Page (optional) ..... 107.87  
TOTAL This Period (last page this line number only) .....

14031191911

**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

<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 Piryx Inc</b>		Date of Disbursement <b>2-12-14</b>
Mailing Address <b>174 Second St.</b>		Amount of Each Disbursement this Period <b>143.76</b>
City <b>San Francisco</b>	State Zip Code	
Purpose of Disbursement <b>Transaction fees</b>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <b>2014</b> General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

Full Name (Last, First, Middle Initial) <b>B Donation Pages</b>		Date of Disbursement <b>2-12-14</b>
Mailing Address <b>1101 Penn. Ave NW 6th Floor</b>		Amount of Each Disbursement this Period <b>2.23</b>
City <b>Washington DC</b>	State Zip Code <b>20004</b>	
Purpose of Disbursement <b>Transaction Fees</b>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <b>2014</b> General <input type="checkbox"/> Other (specify)	
State: <b>TX</b> District: <b>13</b>		

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

SUBTOTAL of Disbursements This Page (optional).....	<b>145.99</b>
TOTAL This Period (last page this line number only).....	<b>722.05</b>

14031191912

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

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

Full Name (Last, First, Middle Initial) <b>A Lejeune, Jeanne</b>		Date of Receipt <b>1-7-14</b>
Mailing Address <b>13303 Scamp Drive</b>		Amount of Each Receipt this Period <b>2000.00</b>
City <b>Cypress TX</b>	Zip Code <b>77429</b>	
FEC ID number of contributing federal political committee <b>C</b>		
Name of Employer <b>Barker Cypress Animal Hosp</b>	Occupation <b>Veterinarian</b>	
Receipt For: <input checked="" type="checkbox"/> Primary 2014 General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B Ellis, Larry</b>		Date of Receipt <b>1-8-14</b>
Mailing Address <b>2110 Shoreline Circle</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>Abilene TX</b>	Zip Code <b>79602</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 2014 General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C Scott, John</b>		Date of Receipt <b>1-15-14</b>
Mailing Address <b>302 Le Deux Oaks</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>League City TX</b>	Zip Code <b>77573</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 2014 General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<b>2200.00</b>
TOTAL This Period (last page this line number only).....	

14031191913

**SCHEDULE A (FEC Form 3)**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2 OF 12

(check only one)

11a  11b  11c  11d

12  13a  13b  14  15

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

**A** Full Name (Last, First, Middle Initial)  
Phelan, Mary

Mailing Address  
203 Chaparral

City  
Borger State TX Zip Code 79007

FEC ID number of contributing federal political committee.  
C

Name of Employer  
Foster Design Occupation Technical

Receipt For:  
 Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
1-9-14

Amount of Each Receipt this Period  
25.00

**B** Full Name (Last, First, Middle Initial)  
Willy, Jonathan

Mailing Address

City  
 State Zip Code

FEC ID number of contributing federal political committee.  
C

Name of Employer  
 Occupation

Receipt For:  
 Primary 2014 General  
 Other (specify)

Election Cycle-to-Date  
175.00

Date of Receipt  
1-11-14

Amount of Each Receipt this Period  
25.00

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

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 2014 General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
1-1-14

Amount of Each Receipt this Period  
250.00

SUBTOTAL of Receipts This Page (optional).....  
\$ 300.00

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

14031191914

**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 12
	<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**

Full Name (Last, First, Middle Initial) <b>Sell, Martha A</b>		Date of Receipt <b>1-25-14</b>
Mailing Address <b>1224 SW 12th Ave</b>		Amount of Each Receipt this Period <b>10.00</b>
City <b>Amarillo</b>	State <b>TX</b> Zip Code <b>79102</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>10.00</b>
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary 2014 General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Hayes, Katie DVM</b>		Date of Receipt <b>2-4-14</b>
Mailing Address <b>6544 FM 1753</b>		Amount of Each Receipt this Period <b>50.00</b>
City <b>Denison</b>	State <b>TX</b> Zip Code <b>75021</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer <b>Hayes Equine Vet</b>	Occupation <b>Veterinarian</b>	
Receipt For: <input checked="" type="checkbox"/> Primary 2014 General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Clark, Angela</b>		Date of Receipt <b>1-2-14</b>
Mailing Address <b>207 Butadieno</b>		Amount of Each Receipt this Period <b>25.00</b>
City <b>Borger</b>	State <b>TX</b> Zip Code <b>79007</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>TDCJ</b>	Occupation <b>Correctional Officer</b>	
Receipt For: <input checked="" type="checkbox"/> Primary 2014 General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<b>\$ 85.00</b>
TOTAL This Period (last page this line number only).....	

14031191915

**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>4</u> OF <u>12</u>
	<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

Full Name (Last, First, Middle Initial) <u>Teel, Gerald</u>		Date of Receipt <u>1-28-14</u>
Mailing Address <u>34 Springs Road</u>		Amount of Each Receipt this Period <u>40.00</u>
City <u>Valley View TX</u>	State <u>TX</u> Zip Code <u>76272</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <u>2014</u> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <u>Hutson, Loyd Douglas Sr.</u>		Date of Receipt <u>1-28-14</u>
Mailing Address <u>114 Terry Town Circle</u>		Amount of Each Receipt this Period <u>20.00</u>
City <u>Valley View TX</u>	State <u>TX</u> Zip Code <u>76272</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <u>2014</u> General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <u>Norris, Thomas W. Jr.</u>		Date of Receipt <u>1-28-14</u>
Mailing Address <u>515 Whaley Street</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Bowen TX</u>	State <u>TX</u> Zip Code <u>76230</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <u>2014</u> General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<u>\$260.00</u>
TOTAL This Period (last page this line number only).....	

14031191916

**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 12
	<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**

Full Name (Last, First, Middle Initial)  
**Looten, Carl V**

Mailing Address  
**101 N. Rosemont**

City **Amarillo** State **TX** Zip Code **79106**

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

Name of Employer Occupation

Receipt For:  
 Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**2-8-14**

Amount of Each Receipt this Period  
**1500.00**

Full Name (Last, First, Middle Initial)  
**Shannon, Loretta Lynne**

Mailing Address  
**4203 Kingsbury**

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

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

Name of Employer Occupation  
**NCTC Teacher**

Receipt For:  
 Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**2-4-14**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**Hayes, Anna K**

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  
**Self Veterinarian**

Receipt For:  
 Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**1-21-14**

Amount of Each Receipt this Period  
**50.00**

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

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

**\$ 1560.00**

14031191917



**SCHEDULE A (FEC Form 3)**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 6 OF 12
	<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)  
**Sheard, Daniel H**

Mailing Address  
**430 Sage Circle**

City **Panhandle** State **TX** Zip Code **79068**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary 2014 General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
**2-1-14**

Amount of Each Receipt this Period  
**100.00**

**B** Full Name (Last, First, Middle Initial)  
**Au Heon, Martha**

Mailing Address  
**PO Box 363**

City **Paducah** State **TX** Zip Code **79248**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary 2014 General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
**2-1-14**

Amount of Each Receipt this Period  
**50.00**

**C** Full Name (Last, First, Middle Initial)  
**Elmore, Mark**

Mailing Address  
**PO Box 62**

City **Allison** State **TX** Zip Code **79003**

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

Name of Employer **Self** Occupation **Farmer**

Receipt For:  
 Primary 2014 General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
**2-1-14**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....  
**\$ 400.00**

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

14031191918

**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 12	
<input 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"/>	11d
<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) <b>A PERIMMER'S, Jesse</b>		Date of Receipt
Mailing Address <b>5723 S. milan st.</b>		<b>1-24-14</b>
City <b>Amarillo</b>	State Zip Code <b>TX 79102</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>Retired</b>	Occupation <b>Contractor</b>	<b>7.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary 2014 General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B Revell, Cathy</b>		Date of Receipt
Mailing Address <b>4827 Tulip</b>		<b>1-21-14</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
Name of Employer	Occupation	<b>200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary 2014 General Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C Summerford, Kathy B</b>		Date of Receipt
Mailing Address <b>6103 Blue Sage Circle</b>		<b>1-21-14</b>
City <b>Amarillo</b>	State Zip Code <b>TX 79124</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	<b>50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary 2014 General Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<b># 257.00</b>
TOTAL This Period (last page this line number only).....	

14031191919

**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 12

<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)

A. Au Hoon, Martha A

Mailing Address

PO Box 363

City

Paducah

State

TX

Zip Code

79248

Date of Receipt

1-2-14

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

25.00

Name of Employer

Occupation

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

B. Harris, Carmen A

Mailing Address

9310 FM 1288 S

City

Belleveue

State

TX

Zip Code

76228

Date of Receipt

1-3-14

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

20.00 ✓

Name of Employer

Occupation

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

c. Pipes, Charles

Mailing Address

6210 Chelsea Way

City

Marland

State

TX

Zip Code

75044

Date of Receipt

1-2-14

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00 ✓

Name of Employer

Occupation

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

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

A 145.00

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

14031191920

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 12

<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 Berlow for Congress

Full Name (Last, First, Middle Initial)

Strobel, Ron

Mailing Address

22270 Hwy 20 E.

City Bend, OR Zip Code 97701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: X Primary 2014 General Election Cycle-to-Date

Date of Receipt

1-1-14

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Sell, Martha A.

Mailing Address

1224 SW 12th Ave

City Amarillo, TX Zip Code 79102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: X Primary 2014 General Election Cycle-to-Date

Date of Receipt

1-2-14

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

Tompkins, Elaine

Mailing Address

700 W Highway 82

City Pocomo, TX Zip Code 79102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: X Primary 2014 General Election Cycle-to-Date

Date of Receipt

1-2-14

Amount of Each Receipt this Period

100.00

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

170.00

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

14031191921

**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 12

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

Dr. Pam Barlow for Congress

Full Name (Last, First, Middle Initial)

A.

Schraub, Don  
Mailing Address  
103 Quail Hollow  
City Sunset State TX Zip Code 76270

Date of Receipt

1-6-14

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

150.00 ✓

Name of Employer

Occupation

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

B.

Schraub, Ronda  
Mailing Address  
103 Quail Hollow  
City Sunset State TX Zip Code 76270

Date of Receipt

1-1-14

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

150.00 ✓

Name of Employer

Occupation

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

C.

Raygor, Keith  
Mailing Address  
Box 215  
City Higgins State TX Zip Code 79046

Date of Receipt

2-12-14

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

Occupation

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

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

\$ 400.00

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

14031191922

**SCHEDULE A (FEC Form 3)**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE 11	OF 12
<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. Scott, Newt H.

Mailing Address

Po Box 57

City

Hedley

State

TX

Zip Code

79237

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

2-12-14

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Schraub, Don & Rhonda

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 2014 General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

2-13-14

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Moore RW mike

Mailing Address

13810 Captains Row

City

Corpus Christi

State

TX

Zip Code

78418

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Southside Animal Hosp Veterinarian

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

2-11-14

Amount of Each Receipt this Period

2000.00

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

\$ 2235.00

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

14031191923

**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 17 OF 17

<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)

A. Tompkins, Elaine

Mailing Address

700 W. Highway 82  
City Nocona State TX Zip Code 76255

Date of Receipt

2-12-14

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

Occupation

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

B. Vandermeer John M. DVM

Mailing Address

5323 North Central Expressway  
City Dallas State TX Zip Code 75205

Date of Receipt

1-16-14

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

Occupation

Highland Park Animal Hosp Veterinarian

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

c. Hyer Tommy + Corina

Mailing Address

6417 Cheshire Dri  
City Amarillo State TX Zip Code 79109

Date of Receipt

1-16-14

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

100.00

Name of Employer

Occupation

Receipt For:

Primary 2014 General  
 Other (specify)

Election Cycle-to-Date

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

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

300.00

8312.00

14031191924

**Pam BARLOW for CONGRESS**  
eran, Business Owner, Job-Creator  
N Smythe  
vie, TX 76230



31191925

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**<sup>TM</sup>



7009 1660 0001 7931 7265

U.S. POSTAGE  
PAID  
BOHILE TX  
76530  
FEB 25 14  
AMOUNT  
**\$7.82**  
00051721-07



204E3



100C

*Federal Election Comm.  
999 E Street NW  
Washington DC 20463*

RECEIVED  
2014 MAR -4 PM 12:55  
FEC MAIL CENTER



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)  
2/25/14

USPS Priority Mail Postmarked

USPS Priority Mail Express 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

*ADD*  
 PREPARER

*3/4/14*  
 DATE PREPARED

14031191926