

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

BARBARA MALLORY CARAWAY FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 764171

Check if different than previously reported. (ACC)

DALLAS

TX

75203

2. **FEC IDENTIFICATION NUMBER**

C C00501924

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TX

30

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Ms Linda Linda Mims

Signature of Treasurer Ms Linda Linda Mims

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**BARBARA MALLORY CARAWAY FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	22370.00	52985.19
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22370.00	52985.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	22295.64	52497.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	71.99	71.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	22223.65	52425.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1560.27	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	7125.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BARBARA MALLORY CARAWAY FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

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).....	16825.00	37075.00
(ii) Unitemized.....	3350.00	7660.00
(iii) TOTAL of contributions from individuals ▶	20175.00	44735.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	6000.00
(d) The Candidate.....	1195.00	2250.19
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	22370.00	52985.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1000.00	1000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1000.00	1000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	71.99	71.99
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.21
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	23441.99	54057.39

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22295.64	52497.12
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	22295.64	52497.12

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	413.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23441.99
25. SUBTOTAL (add Line 23 and Line 24).....	23855.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22295.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1560.27

**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 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address P.O. BOX 601527

City State Zip Code  
DALLAS TX 75360-1527

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

Name of Employer Occupation  
STAR CONCESSIONS CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 03 / 2012

**Transaction ID : SA11AI.4605**

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
**GILBERT ARANZA**

Mailing Address P.O. BOX 601527

City State Zip Code  
DALLAS TX 75360-1527

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

Name of Employer Occupation  
STAR CONCESSIONS CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 07 / 2012

**Transaction ID : SA11AI.4603**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE ATKINS**

Mailing Address 1425 MILMO

City State Zip Code  
FORT WORTH TX 76134

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 18 / 2012

**Transaction ID : SA11AI.4613**

Amount of Each Receipt this Period  
500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1425 MILMO

City State Zip Code  
FORT WORTH TX 76134

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 19 / 2012

**Transaction ID : SA11AI.4615**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**ALBERT BLACK**

Mailing Address 751 KESSLER LAKE DR

City State Zip Code  
DALLAS TX 75208-3941

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

Name of Employer Occupation  
ON TARGET LOGISTICS PRESIDENT/CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11AI.4609**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL BROWN**

Mailing Address 2051 CHEVELLA DR

City State Zip Code  
DALLAS TX 75232-4159

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

Name of Employer Occupation  
FLIPORENT PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 04 / 2012

**Transaction ID : SA11AI.4623**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**LORETTA R DAVIS**

Mailing Address 7025 ASPEN CREEK LN.

City State Zip Code  
DALLAS TX 75252

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

Name of Employer Occupation  
EBBY HALLIDAY REALTORS REALTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 06 / 2012

**Transaction ID : SA11Al.4606**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**RUDOLPH EDWARDS**

Mailing Address 2119 STILLWATER DR

City State Zip Code  
MESQUITE TX 75181

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

Name of Employer Occupation  
RUDY'S CHICKEN PRINCIPAL

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : SA11Al.4630**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ROSELIND ETHERDRIDGE**

Mailing Address LOOKING FOR IT

City State Zip Code  
LOOKING FOR IT TX 75203

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

Name of Employer Occupation  
LOOKING FOR IT LOOKING FOR IT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 13 / 2012

**Transaction ID : SA11Al.4657**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2103 MORRELL

City State Zip Code  
DALLAS TX 75203

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

Name of Employer Occupation  
EVANS PRINTING OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2012

**Transaction ID : SA11Al.4574**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 2010 HILL COUNTRY CT

City State Zip Code  
ARLINGTON TX 76012-5766

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

Name of Employer Occupation  
HOWELL-MICKENS FTD GENERAL PARTNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 14 / 2012

**Transaction ID : SA11Al.4619**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**LARRY MALLORY**

Mailing Address 3618 WENTWORTH

City State Zip Code  
ARLINGTON TX 76001

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

Name of Employer Occupation  
TECTRON QUALITY CONTROL

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2012

**Transaction ID : SA11Al.4533**

Amount of Each Receipt this Period  
75.00

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

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

2875.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**VERNA M MELTON**

Mailing Address 4413 FAIRLAKE DR

City State Zip Code  
GARLAND TX 75043

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

Name of Employer Occupation  
VERNA'S VENTURES OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2012

**Transaction ID : SA11AI.4584**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**JANE MONTFORT**

Mailing Address 1610 HYLAND GREENS DR

City State Zip Code  
GRAPEVINE TX 76051

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

Name of Employer Occupation  
CONCESSIONS MANAGEMENT VICE PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 12 / 2012

**Transaction ID : SA11AI.4617**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**LUZ DE FATIMA PADRON**

Mailing Address 5713 WORTH STREET

City State Zip Code  
DALLAS TX 75214

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

Name of Employer Occupation  
LOOKING FOR IT LOOKING FOR IT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 13 / 2012

**Transaction ID : SA11AI.4655**

Amount of Each Receipt this Period  
2000.00

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

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

4300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 4707 STONEHOLLOW WAY

City State Zip Code  
DALLAS TX 75287

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

Name of Employer Occupation  
FINE ARTS VIDEO OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2012

**Transaction ID : SA11AI.4636**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**PETE SCHENKEL**

Mailing Address 2711 N. HASKELL AVE  
SUITE 3400

City State Zip Code  
DALLAS TX 75204

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

Name of Employer Occupation  
DEAN FOODS RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2012

**Transaction ID : SA11AI.4524**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE TAYLOR**

Mailing Address 16218 PARKSLEY DER.

City State Zip Code  
HOUSTON TX 77059

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2012

**Transaction ID : SA11AI.4543**

Amount of Each Receipt this Period  
200.00

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

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

1000.00

**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 27  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

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

Mailing Address 18618 OXENBERG MANOR LANE

City State Zip Code  
TOMBALL TX 77377

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

Name of Employer Occupation  
RETIRED TEACHER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012

**Transaction ID : SA11Al.4322**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**CLAUDE WILLIAMS Jr.**

Mailing Address 4418 HALLMARK DR.

City State Zip Code  
DALLAS TX 75229

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

Name of Employer Occupation  
BRIGHT NOW DENTAL DENTIST

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : SA11Al.4616**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**HIAWATHA WILLIAMS**

Mailing Address 1141 WATERVIEW LN

City State Zip Code  
DESOTO TX 75115

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

Name of Employer Occupation  
WILLIAMS CHICKEN OWNER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2012

**Transaction ID : SA11Al.4529**

Amount of Each Receipt this Period  
1000.00

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

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

1650.00

16825.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ACROSS THE TRACK**

Mailing Address 4418 HEATHRWILDE ST

City State Zip Code  
SUGAR LAND TX 77479

FEC ID number of contributing federal political committee. **C** C00406991

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 31 2012

**Transaction ID : SA11C.4627**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address P.O. BOX 1071

City State Zip Code  
WAXAHACHIE TX 75168

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2250.19

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : SA11D.4673**

Amount of Each Receipt this Period  
 1195.00

In-kind -

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1195.00

1195.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**BARBARA MALLORY CARAWAY**

Mailing Address 1934 ARGYLE AVE

City State Zip Code  
DALLAS TX 75203

FEC ID number of contributing federal political committee. **C** H2TX30079

Name of Employer Occupation  
BARBARA MALLORY CARAWAY & ASSO OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 15 2012

**Transaction ID : SA13A.4640**

Amount of Each Receipt this Period  
 1000.00

PERSONAL FUND LOAN

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CEDAR HILL REC CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 310 E. PARKERVILLE RD		Amount of Each Disbursement this Period 295.00 <b>Transaction ID : SB17.4484</b>
City CEDAR HILL State TX Zip Code 75104	Purpose of Disbursement RENTAL 007 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. CHICK-FIL-A</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 387 E FM 1382		Amount of Each Disbursement this Period 44.92 <b>Transaction ID : SB17.4513</b>
City CEDAR HILL State TN Zip Code 75104	Purpose of Disbursement FOOD 007 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. CITY OF DESOTO</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2012
Mailing Address 211 E. PLEASANT RUN RD		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : SB17.4486</b>
City DESOTO State TX Zip Code 75115	Purpose of Disbursement ROOM RENTAL 006 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	559.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CLEAR CHANNEL OUTDOOR</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2012
Mailing Address P.O. BOX 847247		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4465</b>
City DALLAS State TX Zip Code 75284-7247	Purpose of Disbursement BILLBOARDS 004 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4461</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. DALLAS BRANCH NAACP</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address P.O. BOX 131768		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4461</b>
City DALLAS State TX Zip Code 75313	Purpose of Disbursement AD IN PROGRAM BOOK 004 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		Amount of Each Disbursement this Period 680.00 <b>Transaction ID : SB17.4458</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. DFW PROS-THINC VEND</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2012
Mailing Address 2701 FONDREN		Amount of Each Disbursement this Period 680.00 <b>Transaction ID : SB17.4458</b>
City DALLAS State TX Zip Code 75206	Purpose of Disbursement TEE-SHIRTS 006 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		Amount of Each Disbursement this Period 2430.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2430.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ECHOLS PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2012
Mailing Address P.O. BOX 152358		Amount of Each Disbursement this Period 966.13 <b>Transaction ID : SB17.4495</b>
City DALLAS State TX Zip Code 75315	Purpose of Disbursement FUNDRAISING INVITES 003 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. FRAZIER GILLS, P.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 400 S. ZANG BLVD. SUITE 330		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4469</b>
City DALLAS State TX Zip Code 75208	Purpose of Disbursement CPA 001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. J.J. UNICOM WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 2715 S. LANCASTER RD.		Amount of Each Disbursement this Period 128.00 <b>Transaction ID : SB17.4457</b>
City DALLAS State TX Zip Code 75216	Purpose of Disbursement CELL PHONE BILL 001 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2094.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. J.J. UNICOM WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012
Mailing Address 2715 S. LANCASTER RD.		Amount of Each Disbursement this Period 128.00 <b>Transaction ID : SB17.4473</b>
City DALLAS State TX Zip Code 75216	Purpose of Disbursement CELL PHONE 001 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>B. J.J. UNICOM WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 2715 S. LANCASTER RD.		Amount of Each Disbursement this Period 128.00 <b>Transaction ID : SB17.4508</b>
City DALLAS State TX Zip Code 75216	Purpose of Disbursement CELL PHONE 001 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>C. KATHY NEALY &amp; ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2012
Mailing Address 2621 STATE ST.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4647</b>
City DALLAS State TX Zip Code 75204	Purpose of Disbursement PHONE BANK 005 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1256.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. KATHY NEALY &amp; ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 2621 STATE ST.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4649</b>
City DALLAS State TX Zip Code 75204	Purpose of Disbursement PHONE BANK Category/Type 005	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>B. KATHY NEALY &amp; ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 2621 STATE ST.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4650</b>
City DALLAS State TX Zip Code 75204	Purpose of Disbursement PHONE BANK Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>C. KHVN RADIO STATION</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 5787 S. HAMPTON RD.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4450</b>
City DALLAS State TX Zip Code 75232	Purpose of Disbursement Advertising Category/Type 004	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. LA CALLE DOCE</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2012
Mailing Address 415 W. 12TH STREET		Amount of Each Disbursement this Period 179.93 <b>Transaction ID : SB17.4510</b>
City DALALS State TX Zip Code 75203	Purpose of Disbursement FOOD 007 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. ELIJAH LEWIS</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2012
Mailing Address 2307 BRITTON AVE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4446</b>
City DALLAS State TX Zip Code 75216	Purpose of Disbursement Rent for Campaign Office 001 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. ELIJAH LEWIS</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2012
Mailing Address 2307 BRITTON AVE		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4456</b>
City DALLAS State TX Zip Code 75216	Purpose of Disbursement RENT FOR CAMPAIGN OFFICE 001 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1429.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. ELIJAH LEWIS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address 2307 BRITTON AVE		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4468</b>
City DALLAS State TX Zip Code 75216	Purpose of Disbursement CAMPAIGN OFFICE RENT 001 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. M&amp;M OUTDOOR ADVERTISING</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012
Mailing Address P.O. BOX 1418		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4475</b>
City DALLAS State TX Zip Code 75123	Purpose of Disbursement BILLBOARDS 004 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. NOW MAGAZINE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2012
Mailing Address P.O. BOX 1071		Amount of Each Disbursement this Period 1195.00 <b>Transaction ID : SB17.4674</b>
City WAXAHACHIE State TX Zip Code 75168	Purpose of Disbursement In-kind - Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2945.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 3107 W. CAMP WISDOM		Amount of Each Disbursement this Period 3869.63 <b>Transaction ID : SB17.4494</b>
City DALLAS State TX Zip Code 75237	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>B. PATTERSON SIGN COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 4733 DON DRIVE		Amount of Each Disbursement this Period 1515.50 <b>Transaction ID : SB17.4447</b>
City DALLAS State TX Zip Code 75247	Purpose of Disbursement Campaign Signs 006 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>C. PATTERSON SIGN COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 4733 DON DRIVE		Amount of Each Disbursement this Period 2219.13 <b>Transaction ID : SB17.4467</b>
City DALLAS State TX Zip Code 75247	Purpose of Disbursement SIGNS 004 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3869.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PATTERSON SIGN COMPANY</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2012
Mailing Address 4733 DON DRIVE		Amount of Each Disbursement this Period 1515.50 <b>Transaction ID : SB17.4472</b>
City DALLAS State TX Zip Code 75247	Purpose of Disbursement SIGNS 006 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. PATTERSON SIGN COMPANY</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2012
Mailing Address 4733 DON DRIVE		Amount of Each Disbursement this Period 668.63 <b>Transaction ID : SB17.4483</b>
City DALLAS State TX Zip Code 75247	Purpose of Disbursement SIGNS 004 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. TYRONE RUSHING</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2012
Mailing Address 620 LACEWOOD		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4451</b>
City DALLAS State TX Zip Code 75224	Purpose of Disbursement Walker 001 Category/Type	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2234.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. TYRONE RUSHING</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 620 LACEWOOD		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4482</b>
City DALLAS State TX Zip Code 75224	Purpose of Disbursement WALKER Category/Type 001	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2012
Mailing Address P.O. BOX 36647 1CR		Amount of Each Disbursement this Period 392.10 <b>Transaction ID : SB17.4454</b>
City DALLAS State TX Zip Code 75235	Purpose of Disbursement AIR LINE TICKET Category/Type 002	
Candidate Name <b>BARBARA MALLORY CARAWAY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>C. TEXAS DEMOCRATIC PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2012
Mailing Address 505 W. 12 STREET #200		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4463</b>
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement VAN Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1142.10
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement
Mailing Address JOE POOL STATION		M M / D D / Y Y Y Y 03 / 16 / 2012
City DALLAS State TX Zip Code 75232	Purpose of Disbursement STAMPS	Amount of Each Disbursement this Period
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS	Category/Type 003	450.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4496</b>
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement
Mailing Address JOE POOL STATION		M M / D D / Y Y Y Y 03 / 19 / 2012
City DALLAS State TX Zip Code 75232	Purpose of Disbursement STAMPS	Amount of Each Disbursement this Period
Candidate Name BARBARA MALLORY CARAWAY FOR CONGRESS	Category/Type 001	45.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4499</b>
State: TX District: 30		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	495.00
<b>TOTAL</b> This Period (last page this line number only).....	21455.84

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.4640**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**BARBARA MALLORY CARAWAY**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1934 ARGYLE AVE

City State ZIP Code  
DALLAS TX 75203

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1000.00 0.00 1000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 15 / Y 2012 M M / D D / Y 11/10/2012 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 1000.00  
**TOTALS** This Period (last page in this line only)..... ▶ 1000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**BARBARA MALLORY CARAWAY FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CLEAR CHANNEL OUTDOOR**

Mailing Address P.O. BOX 847247

City State Zip Code  
DALLAS TX 75284-7247

Nature of Debt (Purpose):  
BILLBOARDS

Outstanding Balance Beginning This Period Transaction ID : SD10.4518

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**FRAZIER GILLS, P.C.**

Mailing Address 400 S. ZANG BLVD.  
SUITE 330

City State Zip Code  
DALLAS TX 75208

Nature of Debt (Purpose):  
CPA FEES

Outstanding Balance Beginning This Period Transaction ID : SD10.4517

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	6125.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	6125.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	1000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	7125.00