FFC I	REPORT	BURSE		0	ffice Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	Example: If typing, typ over the lines.	12FE4M5	
	ESS				
ADDRESS (number and street)	PO BOX 243				
Check if different than previously				MO	
reported. (ACC)	SILVA				964
2. FEC IDENTIFICATION NU	JMBER ▼	CITY		STATE	ZIP CODE STATE ▼ DISTRICT
C C00549287		3. IS THIS REPORT	× NEW (N) OI	AMENDED	
 4. TYPE OF REPORT (Choose of the second se	(k leport (Q1) eport (Q2) ly Report (Q3) d Report (YE) (c	Election	OST-Election Report fo General (30G)	General (120 Special (128	in the State of
5. Covering Period	M / D / 01 /	Y Y Y Y 2015	through	M M / D D / Y 03 31	2015
I certify that I have examined the Type or Print Name of Treasurer		-	knowledge and belief	it is true, correct and c	omplete.
Signature of Treasurer Mr. of	Chuck Banks		[Electronically Filed]	Date	15 / Y Y Y Y 15 / 2015
NOTE: Submission of false, errone	eous, or incomplete	information m	ay subject the person s	igning this Report to the	penalties of 2 U.S.C. §437g.
FE5AN018					FEC FORM 3 (Revised 02/2003)

PAGE 1 / 18

Write or Type Committee Name STOCKER IN CONGRESS Report Covering the Period: From: Image: Stock of the Period: Image: Stock of the Period Image: Stock of the Period: Image: Stock of the Period Image: Stock of the Period: Image: Stock of the Period Image: Stock of the Period: Image: Stock of the Period Image: Stock of the Period: Image: Stock of the Period Image: Stock of the Period: Image: Stock of the Period Image: Stock of the Period: Image: Stock of the Period Image: Stock of the Period: Image: Stock of the Period: Image: Stock of the Period (from Line 27)	PAGE 2 / 18			
R	epor	t Covering the Period: From:	n 3 (Revised 02/2003) of Receipts and Disbursements PAGE 2/18 pmmittee Name IN CONGRESS the Period: From: 01 000 010 2015 To: M03 000 1 2015 To: M03 01	
6.	Net	Contributions (other than loans)		
	(a)		0.00	36991.99
	(b)		0.00	0.00
	(c)	· · · · · · · · · · · · · · · · · · ·	0.00	36991.99
7.	Net	Operating Expenditures		
	(a)		55847.28	171203.81
	(b)	·	0.00	0.00
	(c)	· · · ·	55847.28	171203.81
8.			1137.44	
9.	the	Committee (Itemize all on	0.00	
10.	the	-	201700.00	

For further information contact:

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

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

Image# 15951151126

Г	DETAILED SUMMARY PAGE of Receipts	
FEC Form 3 (Revised 12/2003)	of neceipts	PAGE 3 / 18
STOCKER IN CONGRESS		
Report Covering the Period: From:	01 / D / Y	M M / D D / Y Y Y Y 03 31 2015
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM	1:	
(a) Individuals/Persons Other Than		
Political Committees	0.00	27699.99
(i) Itemized (use Schedule A)	7 7 7	1 1 1
(ii) Unitemized	0.00	6647.00
(iii) TOTAL of contributions from individuals	0.00	34346.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	2645.00
(such as PACs)		
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans)		
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	36991.99
12. TRANSFERS FROM OTHER		
AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	1050.00	200650.00
	0.00	0.00
(b) All Other Loans (c) TOTAL LOANS	7 7 7	0.00
(add Lines 13(a) and (b))	1050.00	200650.00
14. OFFSETS TO OPERATING		
EXPENDITURES	0.00	0.00
(Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS		
(Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)	1050.00	007644.00
(Carry Total to Line 24, page 4)	1050.00	237641.99

Image# 15951151127

FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 55847.28 171203.81 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 55847.28 171203.81 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY** 55934.72 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD

1050.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 24 56984.72 25. SUBTOTAL (add Line 23 and Line 24) 55847.28 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 1137.44 (subtract Line 26 from Line 25).....

of Disbursements

DETAILED	SUMMARY	P/

				FOR LINE NUMBER: PAGE 5 OF 18						
			Use separate schedule(s) for each category of the	(check only one)						
IT	EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 11d						
<u> </u>				12 X 13a 13b 14 15						
	MIZED RECEIPTS information copied from such Reports and Statemeter commercial purposes, other than using the name AME OF COMMITTEE (In Full) STOCKER IN CONGRESS ull Name (Last, First, Middle Initial) Mrs. Barbara H Stocker failing Address 2518 Meredith Dr city Stat DeSoto MC EC ID number of contributing ederal political committee. C lame of Employer Occup V/A Retire ecceipt For: 2014 Electi Primary General Other (specify) Image: Stat ull Name (Last, First, Middle Initial) Image: Stat failing Address C ity Stat maining Address C ity Stat eccipt For: C ame of Employer Occup ity Stat eccipt For: C ame of Employer Occup image: image									
$\left \right $										
	STOCKER IN CONGRESS									
	Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker									
Α.				Date of Receipt						
		Otali	Zin Onda	02 09 _2015						
		State MO	Zip Code 63020	Transaction ID : SA13A.4502						
		_								
	my information copied from such Reports and Statement of commercial purposes, other than using the name and NAME OF COMMITTEE (in Full) STOCKER IN CONGRESS Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker Mailing Address 2518 Meredith Dr City State DeSoto MO FEC ID number of contributing federal political committee. C Name of Employer Occupa N/A Receipt For: 2014 Election Primary General Other (specify) C FUI Name (Last, First, Middle Initial) C Mailing Address C City State Peceipt For: C Mailing Address C City State FEC ID number of contributing federal political committee. C Name of Employer Occupa Receipt For: Election Primary General Other (specify) C Full Name (Last, First, Middle Initial) C Name of Employer Occupa Receipt For: Election Primary General Other (specify) C FEC ID number of con		MO08212	Amount of Each Receipt this Period						
	Name of Employer	Occupatior	1	1050.00						
	N/A	Retired		loan to campaign from personal funds						
		Election C	ycle-to-Date							
	STOCKER IN CONGRESS Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker Mailing Address 2518 Meredith Dr City State DeSoto MO FEC ID number of contributing federal political committee. C Name of Employer Occupati Retired Receipt For: 2014 Election Primary X General Other (specify) C Full Name (Last, First, Middle Initial) State FEC ID number of contributing federal political committee. C Nailing Address C City State FEC ID number of contributing federal political committee. C Name of Employer Occupati Receipt For: Election Primary General Other (specify) C Full Name (Last, First, Middle Initial) C Mailing Address City City State FEC ID number of contributing federal political committee. C Mailing Address City State FEC ID number of contributing federal political committee. C <td>1050.00</td> <td>1</td>		1050.00	1						
_			y	1						
	Full Name (Last, First, Middle Initial)									
В.				Date of Receipt						
	Maning Address									
	City State		Zip Code							
	FEC ID number of contributing			-						
	5	С		Amount of Each Receipt this Period						
	Name of Employer	Occupation	1	_						
				7 7 7 7						
		Election C	ycle-to-Date							
				1						
			y	1						
	Full Name (Last, First, Middle Initial)			Date of Receipt						
C.	Mailing Address			Date of Receipt						
	-			M M / D D / Y Y Y Y						
	City	State	Zip Code							
	FEC ID number of contributing			—						
	-	С		Amount of Each Receipt this Period						
	Name of Employer	Occupation	1	-						
		Election C	ycle-to-Date							
	Other (specify)			1						
_			y y	1						
Γ	·			1050.00						
5	SUBTOTAL of Receipts This Page (optional)									
,	OTAL This Period (last page this line number c	anly)		1050.00						
1'		, iiy)								

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the y Page	FOR LINE NUMBER: PAGE 6 OF 18 (check only one) X 17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS			
A.	Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker		Date of Disbursement	
	Mailing Address 2518 Meredith Dr			01 27 2015
	City State DeSoto MO	Zip Code 63020		Amount of Each Disbursement this Period
	Purpose of Disbursement part payment on loan from candidate		009	55847.28
	Candidate Name Mrs. Barbara H Stocker		Category/ Type	
	Office Sought: House Disbursement For Senate President Other (s State: MO District: 08	X General	<u> </u>	
B.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			M M / D D / Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	*
	Office Sought: House Disbursement For Senate President Other (s State: District:	General		
	Full Name (Last, First, Middle Initial)			
C.	Mailing Address			Date of Disbursement
	City State Zi	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name	Category/ Type	1	
	Office Sought: House Disbursement For Senate President Other (s State: District:	General		
	UPTOTAL of Disburgaments This Dags (aptions)			55847.28
	UBTOTAL of Disbursements This Page (optional)			55847.28

Image# 15951151131							
SCHEDULE C (FEC LOANS	; Form 3)			Use separate schedu for each category of Detailed Summary Pa	the	FOR LINE NUMBER: (check only one)	18 3a 3b
NAME OF COMMITTEE (In F STOCKER IN CONG	,			Transa	ction I	D : SC/10.4117	
LOAN SOURCE Full Na Mrs. Barbara H Ste	•	dle Initial)		[PERSONAL FUNDS]		ction: 2014 Primary General	
Mailing Address 2518 Meredith Dr						Other (specify)	
City		State	ZIP Code	Э	_		-
DeSoto		MO	63020				
Original Amount of Loar	5000.00	Cumulative Pay	vment To D	Date Bal	ance (Dutstanding at Close of This Pe	əriod
TERMS		7	7		_	<u> </u>	_
		D	ate Due / 12/3	Interest Ra 31/2014 0.0		Secured:] No
List All Endorsers or G	uarantors (if any) to	b Loan Source					
1. Full Name (Last, First	t, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	y	
3. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	9		
SUBTOTALS This Period TI TOTALS This Period (last p	age in this line only)		······	ward	5000.00 7 7 to appropriate line of Summa	
carry outstanding balance	only to LINE 3, 30h	source D, for tills	, m.e. n no	, carry lor	waru	to appropriate line of Summa	. y.

nage# 15951151132									
CHEDULE C (FEC DANS		Use separate sched for each category of Detailed Summary P	FOR LINE NUN (check only on	ABER:		18 13a 13b			
AME OF COMMITTEE (In FU STOCKER IN CONG				Trans	action	ID : SC/10.4119			
LOAN SOURCE Full Nar Mrs. Barbara H Sto	(· · · ·	Idle Initial)		[PERSONAL FUNDS]		ction: 2014 Primary General			
Mailing Address 2518 Meredith Dr						Other (specify)	•		
City		State	ZIP Code	Э					
DeSoto		МО	63020						
Original Amount of Loan	150.00	Cumulative Payr	ment To D	Date Ba	alance (Outstanding at Cl		This F 50.00	
TERMS Date Incurr	rad	,	te Due	Interest Ra			Secure		_
	Ý Ž013 Ý			I I I I I I I I I I	00	% (apr)	Ye	X	< No
List All Endorsers or Gu		o Loan Source							
1. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	7			
2. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
3. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	9				
4. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	9				
SUBTOTALS This Period Th				i i		7 7 7	1	50.00	
Carry outstanding balance of	only to LINE 3, Sch	edule D, for this	line. If no	o Schedule D, carry fo	rward	to appropriate li	ne of S	Summ	ary.

mage# 15951151133			
CHEDULE C (FEC Form 3) OANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transactio	n ID : SC/10.4120
LOAN SOURCE Full Name (Last, First, Mid Mrs. Barbara H Stocker	ddle Initial)		Election: 2014 Primary X General
Mailing Address 2518 Meredith Dr			Other (specify)
City	State ZIP Coo	de	
DeSoto	MO 63020		
Original Amount of Loan 5000.00	Cumulative Payment To	Date Balanc 0.00	e Outstanding at Close of This Period
TERMS Date Incurred M 09 / 17 / Y 2013 Y		/š1/2014 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) t	o Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	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). TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Scl	y)		5000.00

Image# 15951151134						
SCHEDULE C (FEC LOANS	Form 3)			Use separate schedu for each category of Detailed Summary P	the	PAGE 10 OF 18 FOR LINE NUMBER: (check only one) X 13a 13b
NAME OF COMMITTEE (IN F STOCKER IN CONG	,			Trans	action	ID : SC/10.4181
LOAN SOURCE Full Nat Mrs. Barbara H Sto	•	Idle Initial)		[PERSONAL FUNDS]		ction: 2014 Primary General
Mailing Address 2518 Meredith Dr						Other (specify) 🔻
City		State	ZIP Code	e		
DeSoto		MO	63020			
Original Amount of Loan	6000.00	Cumulative Pa	ayment To E	Date Ba	alance (Outstanding at Close of This Perioc 6000.00
TERMS Date Incur 10 ^M / ^D 29 ^D /	red Y 2013		Date Due	Interest Ra 31/2014 0.		Secured:
10 29	2013		12/.	31/2014 0.		₩ (apr) ¥es No
List All Endorsers or Gu		o Loan Source				
1. Full Name (Last, First	, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	9	y
2. Full Name (Last, First,	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First,	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First,	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period Th				i		6000.00 7 7
Carry outstanding balance	only to LINE 3, Sch	edule D, for th	is line. If n	o Schedule D, carry fo	rward	to appropriate line of Summary.

nage# 15951151135			
CHEDULE C (FEC Form 3) OANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)
AME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transactio	on ID : SC/10.4182
LOAN SOURCE Full Name (Last, First, Mid Mrs. Barbara H Stocker	ddle Initial)	[Election: 2014 Primary X General
Mailing Address 2518 Meredith Dr			Other (specify)
City	State ZIP Co	de	
DeSoto	MO 63020		
Original Amount of Loan 6000.00	Cumulative Payment To	Date Balanc	e Outstanding at Close of This Period 6000.00
TERMS Date Incurred		Interest Rate 2/31/2014 ^Y 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) t	o Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation Amount	
City State	ZIP Code	Guaranteed Outstanding:	y 1 1 1
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:	y 1 1 1
SUBTOTALS This Period This Page (optional). FOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Scl	y)		6000.00

nage# 15951151136									
CHEDULE C (FEC DANS		Use separate schedule(s) for each category of the Detailed Summary Page			BER:	-	18 13a 13b		
AME OF COMMITTEE (In FL STOCKER IN CONG	,			Transa	ction II	D : SC/10.4204		<u> </u>	
LOAN SOURCE Full Name		Idle Initial)		[PERSONAL FUNDS]	X	tion: 2014 Primary General			
Mailing Address 2518 Meredith Dr						Other (specify) v			
City		State Z	ZIP Code	Э					
DeSoto		MO	63020						
Original Amount of Loan	3000.00	Cumulative Paym	ient To D	0.00 Bal	ance O	outstanding at Clo		This F 00.00	
3 3		9	- 7			9 9			
TERMS Date Incurr	ed	Date	e Due	Interest Rat	te	ç	Secure	d:	
01 30	Ý Ž01Ă Ý	M M / D D	[/] 12/3	31/2014 [×] 0.0	0	% (apr)	Ye	s	< No
List All Endorsers or Gua		o Loan Source							
1. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
2. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
3. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
4. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	3				
SUBTOTALS This Period Thi						7 7	300	00.00	
Carry outstanding balance o	only to LINE 3, Sch	edule D, for this li	ine. If no	o Schedule D, carry for	ward to	o appropriate line	e of S	umm	ary.

nage# 15951151137									
CHEDULE C (FEC DANS	Form 3)			Use separate schedu for each category of Detailed Summary Pa	the	FOR LINE NUM (check only one	IBER:		18 13a 13b
AME OF COMMITTEE (IN F				Transa	action I	D : SC/10.4205			
LOAN SOURCE Full Nat Mrs. Barbara H Sto		[PERSONAL FUNDS] Election: 2014 Primary X General							
Mailing Address 2518 Meredith Dr						Other (specify)	r		
City		State 2	ZIP Code	 e					
DeSoto		МО	63020						
Original Amount of Loan	10000.00	Cumulative Paym	nent To D	Date Ba	llance C	Dutstanding at Cl		This F 00.00	^v erio
TERMS		· · · · · ·			-	7 7	_	-	
Date Incur			te Due	Interest Ra	ite	_	Secure	:d:	
^M 03 ^M / ^D 04 ^D /	^Y 2014 ^Y	M M / D D	[′] 12/3	31/2014 0.0	00	% (apr)		\succ	
List All Endorsers or Gu	arantors (if any) to	o Loan Source					Ye	S	No
1. Full Name (Last, First	, Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
2. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address			,	Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
3. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
4. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
CUBTOTALS This Period Th				Ľ		7 · · · 7	100	00.00	
Carry outstanding balance	only to LINE 3, Sch	edule D, for this I	line. If no	o Schedule D, carry fo	rward 1	o appropriate li	ne of S	umm	ary.

CHEDULE C (FEC Form 3) OANS	Use separate schedule(s) for each category of the Detailed Summary Page
AME OF COMMITTEE (In Full) STOCKER IN CONGRESS	Transaction ID : SC/10.4294
LOAN SOURCE Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker	[PERSONAL FUNDS] Election: 2014 Primary General
Mailing Address 2518 Meredith Dr	Other (specify)
City State ZIP C	Code
DeSoto MO 63020	0
Original Amount of Loan Cumulative Payment T	To Date Balance Outstanding at Close of This Period 0.00 5000.00
TERMS Date Incurred Date Due M 04 / 25 / Y Y Y	e Interest Rate Secured: 12/31/2014 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	165 110
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) FOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. I	

SCHEDULE C (FEC Form 3) OANS NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker Mailing Address 2518 Meredith Dr City State ZIP Co D. O. L	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) 13a 13b Transaction ID : SC/10.4295 [PERSONAL FUNDS] Election: 2014 Primary General Other (specify) ▼
STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker Mailing Address 2518 Meredith Dr City State ZIP Co	[PERSONAL FUNDS] Election: 2014 Primary X General
Mrs. Barbara H Stocker Mailing Address 2518 Meredith Dr City State ZIP Co	Primary K General
2518 Meredith Dr City State ZIP Co	
NO COOO	ode
DeSoto MO 63020)
Original Amount of Loan Cumulative Payment To 8000.00	To Date Balance Outstanding at Close of This Period 0.00 8000.00
TERMS Date Incurred Date Due	e Interest Rate Secured:
	12/Š1/2014 ^Y 0.00 % (apr) Ves 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) TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If	

mage# 15951151140									
CHEDULE C (FEC OANS	Form 3)			Use separate sched for each category of Detailed Summary P	the	FOR LINE NUN (check only on			18 13a 13b
IAME OF COMMITTEE (In FU STOCKER IN CONG				Trans	action	ID : SC/10.4296			
LOAN SOURCE Full Nar Mrs. Barbara H Sto	[PERSONAL FUNDS] Election: 2014 Primary X General								
Mailing Address 2518 Meredith Dr						Other (specify)	•		
City		State	ZIP Code	e					
DeSoto		MO	63020						
Original Amount of Loan	2500.00	Cumulative Pay	ment To D	0.00 Ba	alance	Outstanding at Cl		This F 00.00	
		9	9					-	
TERMS Date Incur	red	Da	ate Due	Interest Ra	ate		Secure	ed:	
06 30	Ý Ž014 Ý	M M / D D	[/] ^Y 12/3	31/2014 [°] 0.	00	% (apr)	Ye		C No
List All Endorsers or Gu		o Loan Source							
1. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	7			
2. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	7	-		
3. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	9				
4. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
SUBTOTALS This Period Th				i i		7 7 7	25	00.00	
Carry outstanding balance of	only to LINE 3, Sch	edule D, for this	line. If no	o Schedule D, carry fo	rward	to appropriate li	ne of S	Summ	ary.

nage# 15951151141			
CHEDULE C (FEC Form 3) DANS		Use separate schedule for each category of the Detailed Summary Page	he (check only one) X 13a
AME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transac	ction ID : SC/10.4414
LOAN SOURCE Full Name (Last, First, Middle Ir Mrs. Barbara H Stocker	nitial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2518 Meredith Dr			Other (specify)
City State	e ZIP Cod	e	
DeSoto MO	63020		
Original Amount of Loan Cun 150000.00	nulative Payment To I	Date Bala	ance Outstanding at Close of This Period 150000.00
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
M08 ^M / D1D / Y 2014 M M	_	31/2014 ^Y 0.00	
List All Endorsers or Guarantors (if any) to Loa	in Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	P Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	² Code	Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	^o Code	Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	° Code	Amount Guaranteed Outstanding:	9 1 9 1 1 1 1
SUBTOTALS This Period This Page (optional)			150000.00

mage# 15951151142									
CHEDULE C (FEC Form 3)			Use separate sch	edule(s)	PAGE 18 OF 18 FOR LINE NUMBER:			
OANS	DANS					(check only one) X 13a 13b			
				Tra	nsaction	ID : SC/10.4502			
STOCKER IN CO									
Mrs. Barbara H	ull Name (Last, First, Mic H Stocker	ddle Initial)		[PERSONAL FUNDS] Election: 2014 Primary X General					
Mailing Address 2518 Meredith Dr						Other (specify) v			
City		State	ZIP Co	de					
DeSoto		MO	63020						
Original Amount of	Loan	Cumulative	Payment To	Date	Balance (Outstanding at Close of This Period			
	1050.00		7	0.00	L	1050.00			
TERMS	e Incurred		Date Due	Interest	Bate	Secured:			
M02 ^M / D09 ^D		M M / D	D / Y	n/a	0.00				
						Yes No			
	or Guarantors (if any) t , First, Middle Initial)	to Loan Source	ce	Name of Employer					
Mailing Address				Occupation					
				Amount Guaranteed					
City	State	ZIP Code		Outstanding:					
2. Full Name (Last,	First, Middle Initial)			Name of Employer					
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed					
3. Full Name (Last,	First Middle Initial)			Outstanding:	,	,			
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:	- 7				
4. Full Name (Last,	First, Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		· · · · · · · ·			
SUBTOTALS This Peri	iod This Page (optional).			······ •		1050.00			
FOTALS This Period (I	last page in this line only	y)		•		201700.00			
Carry outstanding bal	ance only to LINE 3. Sc	hedule D. for t	this line. If	no Schedule D. carry	forward	to appropriate line of Summary.			