

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 FEB 17 AM 9:54

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12 FEB 17 2012 9:54 AM RECEIVED MAIL CENTER FRIENDS OF TOM STILSON

ADDRESS (number and street) 390 CASH SPRING ROAD OZARK MO 65721

2. FEC IDENTIFICATION NUMBER C C00521229 3. IS THIS REPORT NEW OR AMENDED X NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT MO 07

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X 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 02 / 27 / 2012 through 06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Wanda Martens

Signature of Treasurer Wanda Martens Date 07 / 14 / 2012

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

12030850159

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**FRIENDS OF TOM STILSON**

Report Covering the Period: From: <sup>M</sup>02 / <sup>D</sup>27 / <sup>Y</sup>2012 To: <sup>M</sup>06 / <sup>D</sup>30 / <sup>Y</sup>2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	8802.12	8449.77
(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)) .....	8802.12	8449.77
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	8820.19	8467.84
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	8820.19	8467.84
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>448.04</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>466.11</b>	

**For further information contact:**

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

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

12030850160

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name  
**FRIENDS OF TOM STILSON**

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 02 27 2012 To: <sup>M M / D D / Y Y Y Y</sup> 06 30 2012

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A).....	,	5535.97	, 5283.62
(ii) Unitemized.....	,	2810.05	, 2810.05
(iii) TOTAL of contributions from individuals ▶	,	8346.02	, 8093.67
(b) Political Party Committees.....	,	0.00	, 0.00
(c) Other Political Committees (such as PACs).....	,	0.00	, 0.00
(d) The Candidate.....	,	456.10	, 356.10
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	,	8802.12	, 8449.77

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	,	0.00	, 0.00
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13. LOANS:			
(a) Made or Guaranteed by the Candidate.....	,	0.00	, 0.00
(b) All Other Loans.....	,	466.11	, 466.11
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	,	466.11	, 466.11

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	,	0.00	, 0.00
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15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	,	0.00	, 0.00
--	---	------	--------

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	,	9268.23	, 8915.88
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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8820.19	8467.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8820.19	8467.84

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9268.23
25. SUBTOTAL (add Line 23 and Line 24).....	9268.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8820.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	448.04

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

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

FOR LINE NUMBER: PAGE 5 OF 40

(check only one)

11a  11b  11c  11d  12  13a  13b  14  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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Brad Harrell</b>			Date of Receipt MM / DD / YYYY 04 / 30 / 2012		
Mailing Address 2453 East Raynell Street			Transaction ID : SA11AI.4117		
City Springfield	State MO	Zip Code 65804	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 250.00		
Name of Employer Walgreens		Occupation Manager	Amount of Each Receipt this Period 250.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	Amount of Each Receipt this Period 250.00		
Full Name (Last, First, Middle Initial) <b>B. Lucas Harrell</b>			Date of Receipt MM / DD / YYYY 04 / 30 / 2012		
Mailing Address 2453 East Raynell Street			Transaction ID : SA11AI.4119		
City Springfield	State MO	Zip Code 65804	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 1250.00		
Name of Employer Houston Astros		Occupation Pitcher	Amount of Each Receipt this Period 1250.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1250.00	Amount of Each Receipt this Period 1250.00		
Full Name (Last, First, Middle Initial) <b>C. Wanda Martens</b>			Date of Receipt MM / DD / YYYY 04 / 07 / 2012		
Mailing Address 502 Cash Spring Road			Transaction ID : SA11AI.4189		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 350.00		
Name of Employer Self-Employed		Occupation Farmer	Amount of Each Receipt this Period 350.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00	Amount of Each Receipt this Period 350.00		
SUBTOTAL of Receipts This Page (optional).....			1850.00		
TOTAL This Period (last page this line number only).....			1850.00		

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**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 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>Wanda Martens</b>			Date of Receipt M M / D D / Y Y Y Y 04 26 2012	
A. Mailing Address 502 Cash Spring Road			Transaction ID : SA11AI.4190	
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 81.00	
FEC ID number of contributing federal political committee. C			In-kind - Banner	
Name of Employer Self-Employed		Occupation Farmer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 431.00		

Full Name (Last, First, Middle Initial) <b>Wanda Martens</b>			Date of Receipt M M / D D / Y Y Y Y 05 17 2012	
B. Mailing Address 502 Cash Spring Road			Transaction ID : SA11AI.4191	
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 150.47	
FEC ID number of contributing federal political committee. C			In-kind - Campaign Banners	
Name of Employer Self-Employed		Occupation Farmer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 581.47		

Full Name (Last, First, Middle Initial) <b>Wanda Martens</b>			Date of Receipt M M / D D / Y Y Y Y 05 24 2012	
C. Mailing Address 502 Cash Spring Road			Transaction ID : SA11AI.4138	
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Farmer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 631.47		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	281.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 40

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

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Full Name (Last, First, Middle Initial) <b>A. Wanda Martens</b>			Date of Receipt M M / D D / Y Y Y Y 06 09 2012		
Mailing Address 512 Cash Spring Road			Transaction ID : SA11AI.4241		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period , , 40.00 25 for 25 Birthday Fundraiser		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer Self-Employed		Occupation Farmer			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 671.47			
Full Name (Last, First, Middle Initial) <b>B. Wanda Martens</b>			Date of Receipt M M / D D / Y Y Y Y 06 13 2012		
Mailing Address 502 Cash Spring Road			Transaction ID : SA11AI.4192		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period , , 257.94 In-kind - Campaign Banners		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer Self-Employed		Occupation Farmer			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 929.41			
Full Name (Last, First, Middle Initial) <b>C. Wanda Martens</b>			Date of Receipt M M / D D / Y Y Y Y 06 23 2012		
Mailing Address 502 Cash Spring Road			Transaction ID : SA11AI.4134		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period , , 100.00 Sharron Angle Fundraiser Tickets		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer Self-Employed		Occupation Farmer			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 1029.41			
<b>SUBTOTAL of Receipts This Page (optional).....</b>			, , 397.94		
<b>TOTAL This Period (last page this line number only).....</b>			, ,		

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

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

FOR LINE NUMBER: PAGE 8 OF 40

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

12030850166

Full Name (Last, First, Middle Initial) <b>A. Wanda Martens</b>			Date of Receipt M M / D D / Y Y Y Y 06 29 2012		
Mailing Address 502 Cash Spring Road			Transaction ID : SA11AI.4242		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 70.00		
Name of Employer Self-Employed		Occupation Farmer	Amount of Each Receipt this Period 70.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1099.41	Amount of Each Receipt this Period 1099.41		
Full Name (Last, First, Middle Initial) <b>B. Hal Owen</b>			Date of Receipt M M / D D / Y Y Y Y 04 13 2012		
Mailing Address 721 N 10th Street			Transaction ID : SA11AI.4148		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed		Occupation Property Management	Amount of Each Receipt this Period 250.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	Amount of Each Receipt this Period 250.00		
Full Name (Last, First, Middle Initial) <b>C. Hal Owen</b>			Date of Receipt M M / D D / Y Y Y Y 06 22 2012		
Mailing Address 721 N 10th Street			Transaction ID : SA11AI.4150		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 100.00 Sharon Angle Fundraiser Tickets		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 100.00 Sharon Angle Fundraiser Tickets		
Name of Employer Self-Employed		Occupation Property Management	Amount of Each Receipt this Period 100.00 Sharon Angle Fundraiser Tickets		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00	Amount of Each Receipt this Period 350.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			420.00		
<b>TOTAL</b> This Period (last page this line number only).....			420.00		



**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 40				
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15	

12030850167

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>Laura Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 04 28 2012		
A. Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4203		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 40.30		
FEC ID number of contributing federal political committee. C			In-kind - Campaign Literature		
Name of Employer Self-Employed		Occupation Photographer	Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		325.35			

Full Name (Last, First, Middle Initial) <b>Laura Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 04 28 2012		
B. Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4204		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			In-kind - Advertising		
Name of Employer Self-Employed		Occupation Photographer	Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		285.05			

Full Name (Last, First, Middle Initial) <b>Laura Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 05 16 2012		
C. Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4205		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 6.60		
FEC ID number of contributing federal political committee. C			In-kind - USPS Postage		
Name of Employer Self-Employed		Occupation Photographer	Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		331.95			

SUBTOTAL of Receipts This Page (optional).....			146.90		
TOTAL This Period (last page this line number only).....					

**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 40	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>Laura Stilson</b>			Date of Receipt MM / DD / YYYY 05 / 18 / 2012	
Mailing Address 396 Cash Spring Road			Transaction ID : SA11AI.4206	
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			In-kind - Candy - Nixa Sucker Day Parade	
Name of Employer Self-Employed		Occupation Photographer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	399.74	

Full Name (Last, First, Middle Initial) <b>Laura Stilson</b>			Date of Receipt MM / DD / YYYY 05 / 18 / 2012	
Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4207	
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 25.79	
FEC ID number of contributing federal political committee. C			In-kind - Campaign Literature	
Name of Employer Self-Employed		Occupation Photographer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	357.74	

Full Name (Last, First, Middle Initial) <b>Laura Stilson</b>			Date of Receipt MM / DD / YYYY 05 / 23 / 2012	
Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4158	
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Photographer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	449.74	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.79
<b>TOTAL</b> This Period (last page this line number only).....	

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**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 40

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)  
**Laura Stilson**

Mailing Address 390 Cash Spring Road

City State Zip Code  
Ozark MO 65721

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

Name of Employer Occupation  
Self-Employed Photographer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
655.15

Date of Receipt  
M M / D D / Y Y Y Y  
05 31 2012

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period  
63.06  
In-kind - Hospitality Suite Food

Full Name (Last, First, Middle Initial)  
**Laura Stilson**

Mailing Address 390 Cash Spring Road

City State Zip Code  
Ozark MO 65721

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

Name of Employer Occupation  
Self-Employed Photographer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
592.09

Date of Receipt  
M M / D D / Y Y Y Y  
05 31 2012

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period  
94.35  
In-kind - State Hospitality Suite Food

Full Name (Last, First, Middle Initial)  
**Laura Stilson**

Mailing Address 390 Cash Spring Road

City State Zip Code  
Ozark MO 65721

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

Name of Employer Occupation  
Self-Employed Photographer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
497.74

Date of Receipt  
M M / D D / Y Y Y Y  
05 31 2012

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period  
48.00  
In-kind - Campaign Literature

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

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

205.41

12030850169

**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 40	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>Laura Stilson</b>			Date of Receipt MM / DD / YYYY <b>06 / 01 / 2012</b>	
Mailing Address <b>390 Cash Spring Road</b>			Transaction ID : <b>SA11AI.4211</b>	
City <b>Ozark</b>	State <b>MO</b>	Zip Code <b>65721</b>	Amount of Each Receipt this Period <b>10.71</b>	
FEC ID number of contributing federal political committee. <b>C</b>			In-kind - State Hospitality Suite Supplies	
Name of Employer Self-Employed		Occupation <b>Photographer</b>		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	<b>665.86</b>	

Full Name (Last, First, Middle Initial) <b>Laura Stilson</b>			Date of Receipt MM / DD / YYYY <b>06 / 18 / 2012</b>	
Mailing Address <b>390 Cash Spring Road</b>			Transaction ID : <b>SA11AI.4212</b>	
City <b>Ozark</b>	State <b>MO</b>	Zip Code <b>65721</b>	Amount of Each Receipt this Period <b>29.99</b>	
FEC ID number of contributing federal political committee. <b>C</b>			In-kind - Extra Phone Line	
Name of Employer Self-Employed		Occupation <b>Photographer</b>		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	<b>695.85</b>	

Full Name (Last, First, Middle Initial) <b>Laura Stilson</b>			Date of Receipt MM / DD / YYYY <b>06 / 22 / 2012</b>	
Mailing Address <b>390 Cash Spring Road</b>			Transaction ID : <b>SA11AI.4160</b>	
City <b>Ozark</b>	State <b>MO</b>	Zip Code <b>65721</b>	Amount of Each Receipt this Period <b>250.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Sharon Angle Fundraiser Tickets	
Name of Employer Self-Employed		Occupation <b>Photographer</b>		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	<b>945.85</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>290.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	

12030850170

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

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

FOR LINE NUMBER: PAGE 13 OF 40

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

12030850171

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Laura Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 06 27 2012		
Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4213		
City Ozark State MO Zip Code 65721		Amount of Each Receipt this Period , , 100.00			
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - Table and Booth - Sertoma Duck Race			
Name of Employer Self-Employed Occupation Photographer		Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date , , 1045.85			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Robert Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 03 08 2012		
Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4193		
City Ozark State MO Zip Code 65721		Amount of Each Receipt this Period , , 252.35			
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - Website Hosting			
Name of Employer Retired Occupation Retired		Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date , , 252.35			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Robert Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 05 01 2012		
Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4195		
City Ozark State MO Zip Code 65721		Amount of Each Receipt this Period , , 224.10			
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - Campaign Literature			
Name of Employer Retired Occupation Retired		Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date , , 476.45			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			, , 576.45		
<b>TOTAL</b> This Period (last page this line number only).....			, ,		

**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 40				
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15	

12030850172

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>Robert Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 05 . 16 2012		
Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4196		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period , , 254.90		
FEC ID number of contributing federal political committee. <b>C</b>			In-kind - t-shirts , , .		
Name of Employer Retired		Occupation Retired	, , .		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 731.35	, , .		

Full Name (Last, First, Middle Initial) <b>Robert Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 05 . 23 2012		
Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4197		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period , , 124.17		
FEC ID number of contributing federal political committee. <b>C</b>			In-kind - Stickers , , .		
Name of Employer Retired		Occupation Retired	, , .		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 855.52	, , .		

Full Name (Last, First, Middle Initial) <b>Robert Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 06 . 02 2012		
Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4198		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period , , 185.17		
FEC ID number of contributing federal political committee. <b>C</b>			In-kind - State Convention Hospitality Suite , , .		
Name of Employer Retired		Occupation Retired	, , .		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 1060.76	, , .		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 564.24
<b>TOTAL</b> This Period (last page this line number only).....	, , .

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

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

FOR LINE NUMBER: PAGE 15 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

12030850173

Full Name (Last, First, Middle Initial) <b>Robert Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 06 02 / 2012		
Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4199		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period , , 20.07 In-kind - Supplies for Hospitality Suite		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , 875.59		
Name of Employer Retired		Occupation Retired	In-kind - Supplies for Hospitality Suite		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 875.59			
Full Name (Last, First, Middle Initial) <b>Robert Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 06 09 / 2012		
Mailing Address 390 Cash Spring Road			Transaction ID : SA11AI.4238		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period , , 65.00 25 for 25 Birthday Fundraiser		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , 1125.76		
Name of Employer Retired		Occupation Retired	25 for 25 Birthday Fundraiser		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 1125.76			
Full Name (Last, First, Middle Initial) <b>Kurt Wouk</b>			Date of Receipt M M / D D / Y Y Y Y 06 22 / 2012		
Mailing Address 2551 S Campbell Avenue			Transaction ID : SA11AI.4170		
City Springfield	State MO	Zip Code 65807	Amount of Each Receipt this Period , , 600.00 Sharron Angle Fundraiser Tickets		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , 600.00		
Name of Employer Self-Employed		Occupation Coin and Bullion	Sharron Angle Fundraiser Tickets		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 600.00			
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			, , 685.07		
<b>TOTAL This Period (last page this line number only)</b> .....			, , 5535.97		

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

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

FOR LINE NUMBER:		PAGE 16 OF 40	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Thomas Shane Stilson</b>		Date of Receipt M M / D D / Y Y Y Y 02 28 2012
Mailing Address 390 Cash Spring Road		Transaction ID : SA11D.4178
City Ozark	State MO	Zip Code 65721
FEC ID number of contributing federal political committee. <b>C H2MO07101</b>		Amount of Each Receipt this Period 100.00
Name of Employer Bass Pro Shops	Occupation Fine Gun Sales/Gunsmith/Range Officer	In-kind - Republican Party Filing Fee
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Shane Stilson</b>		Date of Receipt M M / D D / Y Y Y Y 03 21 2012
Mailing Address 390 Cash Spring Road		Transaction ID : SA11D.4177
City Ozark	State MO	Zip Code 65721
FEC ID number of contributing federal political committee. <b>C H2MO07101</b>		Amount of Each Receipt this Period 30.00
Name of Employer Bass Pro Shops	Occupation Fine Gun Sales/Gunsmith/Range Officer	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 130.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Shane Stilson</b>		Date of Receipt M M / D D / Y Y Y Y 03 25 2012
Mailing Address 390 Cash Spring Road		Transaction ID : SA11D.4179
City Ozark	State MO	Zip Code 65721
FEC ID number of contributing federal political committee. <b>C H2MO07101</b>		Amount of Each Receipt this Period 107.58
Name of Employer Bass Pro Shops	Occupation Fine Gun Sales/Gunsmith/Range Officer	In-kind - Business Cards
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 237.58	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	237.58
<b>TOTAL</b> This Period (last page this line number only).....	

12030850174



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

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

FOR LINE NUMBER: PAGE 17 OF 40

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>Thomas Shane Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 04 16 2012		
A. Mailing Address 390 Cash Spring Road			Transaction ID : SA11D.4180		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 50.85		
FEC ID number of contributing federal political committee. C H2MO07101			In-kind - Gas for Travel		
Name of Employer Bass Pro Shops		Occupation Fine Gun Sales/Gunsmith/Range Officer	Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		288.43			
Full Name (Last, First, Middle Initial) <b>Thomas Shane Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 04 25 2012		
B. Mailing Address 390 Cash Spring Road			Transaction ID : SA11D.4248		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C H2MO07101			In-kind - Gas for Travel		
Name of Employer Bass Pro Shops		Occupation Fine Gun Sales/Gunsmith/Range Officer	Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		308.43			
Full Name (Last, First, Middle Initial) <b>Thomas Shane Stilson</b>			Date of Receipt M M / D D / Y Y Y Y 04 30 2012		
C. Mailing Address 390 Cash Spring Road			Transaction ID : SA11D.4181		
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period 19.07		
FEC ID number of contributing federal political committee. C H2MO07101			In-kind - Gas for Travel		
Name of Employer Bass Pro Shops		Occupation Fine Gun Sales/Gunsmith/Range Officer	Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		327.50			
<b>SUBTOTAL of Receipts This Page (optional).....</b>			89.92		
<b>TOTAL This Period (last page this line number only).....</b>					

12030850175

**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 18 OF 40
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>Thomas Shane Stilson</b>			Date of Receipt M M / D D / Y Y Y Y <b>06 04 2012</b>		
Mailing Address <b>390 Cash Spring Road</b>			Transaction ID : <b>SA11D.4292</b>		
City <b>Ozark</b>	State <b>MO</b>	Zip Code <b>65721</b>	Amount of Each Receipt this Period <b>75.00</b>		
FEC ID number of contributing federal political committee. <b>C H2MO07101</b>			In-kind - Travel Expenses- Fuel		
Name of Employer <b>Bass Pro Shops</b>		Occupation <b>Fine Gun Sales/Gunsmith/Range Officer</b>	Election Cycle-to-Date <b>406.10</b>		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

Full Name (Last, First, Middle Initial) <b>Thomas Shane Stilson</b>			Date of Receipt M M / D D / Y Y Y Y <b>06 29 2012</b>		
Mailing Address <b>390 Cash Spring Road</b>			Transaction ID : <b>SA11D.4175</b>		
City <b>Ozark</b>	State <b>MO</b>	Zip Code <b>65721</b>	Amount of Each Receipt this Period <b>50.00</b>		
FEC ID number of contributing federal political committee. <b>C H2MO07101</b>			Election Cycle-to-Date <b>456.10</b>		
Name of Employer <b>Bass Pro Shops</b>		Occupation <b>Fine Gun Sales/Gunsmith/Range Officer</b>			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. <b>C</b>			Election Cycle-to-Date		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>452.50</b>

12030850176

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

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

FOR LINE NUMBER: PAGE 19 OF 40  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>Matthew Ennis</b>		Date of Receipt MM / DD / YYYY <b>06 / 17 / 2012</b>
Mailing Address <b>1422 West Sackett</b>		Transaction ID : <b>SA13B.4250</b>
City <b>Springfield</b>	State <b>MO</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>466.11</b>
Name of Employer <b>Missouri State University</b>	Occupation <b>Program Specialist</b>	Advance for mailing <b>466.11</b>
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>466.11</b>	

Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		Transaction ID
City	State	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	Advance for mailing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		Transaction ID
City	State	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	Advance for mailing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>466.11</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>466.11</b>

12050850177

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF TOM STILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012	
Mailing Address 390 CASH SPRING ROAD		Amount of Each Disbursement this Period  500.00 Transaction ID : SB17.4254	
City OZARK	State MO		Zip Code 65721
Purpose of Disbursement Consultation fee for April 9-16- Terry Campbell			001
Candidate Name <b>FRIENDS OF TOM STILSON</b>			Category/ Type
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: MO	District: 07		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF TOM STILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012	
Mailing Address 390 CASH SPRING ROAD		Amount of Each Disbursement this Period  9.00 Transaction ID : SB17.4256	
City OZARK	State MO		Zip Code 65721
Purpose of Disbursement Bank Service Charge			001
Candidate Name <b>FRIENDS OF TOM STILSON</b>			Category/ Type
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: MO	District: 07		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF TOM STILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012	
Mailing Address 390 CASH SPRING ROAD		Amount of Each Disbursement this Period  51.01 Transaction ID : SB17.4257	
City OZARK	State MO		Zip Code 65721
Purpose of Disbursement Travel Expense- Fuel			002
Candidate Name <b>FRIENDS OF TOM STILSON</b>			Category/ Type
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: MO	District: 07		

**SUBTOTAL** of Disbursements This Page (optional) ..... 560.01

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

12030850178

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TOM STILSON**

Date of Disbursement

M M / D D / Y Y Y Y  
04 30 2012

Mailing Address 390 CASH SPRING ROAD

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
Consultation fee for April 16-22- Terry Campbell

001

Transaction ID : SB17.4258

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MO District: 07

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF TOM STILSON**

Date of Disbursement

M M / D D / Y Y Y Y  
05 07 2012

Mailing Address 390 CASH SPRING ROAD

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

50.39

Purpose of Disbursement  
Travel Expense- Fuel

002

Transaction ID : SB17.4259

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MO District: 07

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TOM STILSON**

Date of Disbursement

M M / D D / Y Y Y Y  
05 09 2012

Mailing Address 390 CASH SPRING ROAD

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
Consultation Fee for April 23-29- Terry Campbell

001

Transaction ID : SB17.4263

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MO District: 07

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

1050.39

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

12030850179

**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 40			
	<input checked="" 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)  
**FRIENDS OF TOM STILSON**

12030850180

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF TOM STILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 390 CASH SPRING ROAD		Amount of Each Disbursement this Period 224.10 Transaction ID : SB17.4264
City OZARK	State MO	
Purpose of Disbursement Campaign Materials		Category/ Type 006
Candidate Name FRIENDS OF TOM STILSON		
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: MO	District: 07	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF TOM STILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 390 CASH SPRING ROAD		Amount of Each Disbursement this Period 6.40 Transaction ID : SB17.4266
City OZARK	State MO	
Purpose of Disbursement PayPal Service Charge		Category/ Type 003
Candidate Name FRIENDS OF TOM STILSON		
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: MO	District: 07	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF TOM STILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 390 CASH SPRING ROAD		Amount of Each Disbursement this Period 50.42 Transaction ID : SB17.4267
City OZARK	State MO	
Purpose of Disbursement Travel Expense- Fuel		Category/ Type 002
Candidate Name FRIENDS OF TOM STILSON		
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: MO	District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	280.92
<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 23 OF 40

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TOM STILSON**

Mailing Address 390 CASH SPRING ROAD

Date of Disbursement

W M / D D / Y Y Y Y  
05 25 2012

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

35.00

Purpose of Disbursement  
Travel Expense- Fuel

002

Transaction ID : SB17.4268

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF TOM STILSON**

Mailing Address 390 CASH SPRING ROAD

Date of Disbursement

M M / D D / Y Y Y Y  
05 25 2012

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement  
Consultation Fee for April 30- May 6- Terry Campbell

001

Transaction ID : SB17.4270

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF TOM STILSON**

Mailing Address 390 CASH SPRING ROAD

Date of Disbursement

M M / D D / Y Y Y Y  
05 30 2012

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement  
Consultation fee for April 30- May 6- Terry Campbell

001

Transaction ID : SB17.4271

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)

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

535.00

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

12030850181

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

12030850182

**A. FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)  
FRIENDS OF TOM STILSON

Mailing Address 390 CASH SPRING ROAD

City OZARK State MO Zip Code 65721

Purpose of Disbursement  
Bank Service Charge

Candidate Name  
FRIENDS OF TOM STILSON

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MO District: 07

Date of Disbursement  
M M / D D / Y Y Y Y  
05 31 2012

Amount of Each Disbursement this Period  
9.00

Transaction ID : SB17.4272

Category/ Type  
001

**B. FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)  
FRIENDS OF TOM STILSON

Mailing Address 390 CASH SPRING ROAD

City OZARK State MO Zip Code 65721

Purpose of Disbursement  
Travel Expense- Fuel

Candidate Name  
FRIENDS OF TOM STILSON

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MO District: 07

Date of Disbursement  
M M / D D / Y Y Y Y  
06 04 2012

Amount of Each Disbursement this Period  
23.00

Transaction ID : SB17.4273

Category/ Type  
002

**C. FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)  
FRIENDS OF TOM STILSON

Mailing Address 390 CASH SPRING ROAD

City OZARK State MO Zip Code 65721

Purpose of Disbursement  
Travel Expense- Fuel

Candidate Name  
FRIENDS OF TOM STILSON

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MO District: 07

Date of Disbursement  
M M / D D / Y Y Y Y  
06 11 2012

Amount of Each Disbursement this Period  
30.00

Transaction ID : SB17.4274

Category/ Type  
002

**SUBTOTAL** of Disbursements This Page (optional)..... 62.00

**TOTAL** 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)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

**A. FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)  
Date of Disbursement  
M M / D D / Y Y Y Y  
06 15 2012

Mailing Address 390 CASH SPRING ROAD

City OZARK State MO Zip Code 65721

Purpose of Disbursement Phone System  
Amount of Each Disbursement this Period  
10.00  
Transaction ID : SB17.4275

Candidate Name  
**FRIENDS OF TOM STILSON**  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  
 Other (specify)

State: MO District: 07

**B. FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)  
Date of Disbursement  
M M / D D / Y Y Y Y  
06 15 2012

Mailing Address 390 CASH SPRING ROAD

City OZARK State MO Zip Code 65721

Purpose of Disbursement Consultation Fee for April 7- May 13- Terry Campbell  
Amount of Each Disbursement this Period  
250.00  
Transaction ID : SB17.4276

Candidate Name  
**FRIENDS OF TOM STILSON**  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  
 Other (specify)

State: MO District: 07

**C. FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)  
Date of Disbursement  
M M / D D / Y Y Y Y  
06 17 2012

Mailing Address 390 CASH SPRING ROAD

City OZARK State MO Zip Code 65721

Purpose of Disbursement Fundraising Materials  
Amount of Each Disbursement this Period  
87.19  
Transaction ID : SB17.4295

Candidate Name  
**FRIENDS OF TOM STILSON**  
Category/Type 003

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  
 Other (specify)

State: MO District: 07

**SUBTOTAL** of Disbursements This Page (optional)..... 347.19

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

12030850183

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TOM STILSON**

Date of Disbursement

M M / D D / Y Y Y Y  
06 18 2012

Mailing Address 390 CASH SPRING ROAD

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Newsletter

004

8.00  
Transaction ID : SB17.4277

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MO District: 07

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF TOM STILSON**

Date of Disbursement

M M / D D / Y Y Y Y  
06 18 2012

Mailing Address 390 CASH SPRING ROAD

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

Purpose of Disbursement  
PayPal Service Charge

003

12.63  
Transaction ID : SB17.4278

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MO District: 07

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TOM STILSON**

Date of Disbursement

M M / D D / Y Y Y Y  
06 18 2012

Mailing Address 390 CASH SPRING ROAD

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising Materials Postage

003

225.00  
Transaction ID : SB17.4296

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MO District: 07

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

245.63

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

12030850184

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TOM STILSON**

Mailing Address 390 CASH SPRING ROAD

Date of Disbursement

M M / D D / Y Y Y Y  
06 18 2012

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising Materials

003

153.92

Transaction ID : SB17.4297

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF TOM STILSON**

Mailing Address 390 CASH SPRING ROAD

Date of Disbursement

M M / D D / Y Y Y Y  
06 22 2012

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

Purpose of Disbursement  
Mailing to FEC

001

3.60

Transaction ID : SB17.4279

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF TOM STILSON**

Mailing Address 390 CASH SPRING ROAD

Date of Disbursement

M M / D D / Y Y Y Y  
06 23 2012

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel Expense- Fuel

002

20.00

Transaction ID : SB17.4280

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)

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

177.52

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

12030850185

**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 28 OF 40

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF TOM STILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 390 CASH SPRING ROAD		Amount of Each Disbursement this Period 48.00 Transaction ID : SB17.4281
City OZARK	State MO	
Zip Code 65721	Purpose of Disbursement Travel Expense- Fuel	Category/ Type 002
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF TOM STILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 390 CASH SPRING ROAD		Amount of Each Disbursement this Period 43.12 Transaction ID : SB17.4282
City OZARK	State MO	
Zip Code 65721	Purpose of Disbursement Fundraising Materials	Category/ Type 003
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF TOM STILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 390 CASH SPRING ROAD		Amount of Each Disbursement this Period 45.07 Transaction ID : SB17.4283
City OZARK	State MO	
Zip Code 65721	Purpose of Disbursement Travel Expense- Fuel	Category/ Type 002
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	136.19
<b>TOTAL</b> This Period (last page this line number only).....	

12030850186

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TOM STILSON**

Date of Disbursement

M M / D D / Y Y Y Y  
06 28 2012

Mailing Address 390 CASH SPRING ROAD

Amount of Each Disbursement this Period

City OZARK State MO Zip Code 65721

27.50

Purpose of Disbursement  
Travel Expenses- Fuel

002

Transaction ID : SB17.4285

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF TOM STILSON**

Date of Disbursement

M M / D D / Y Y Y Y  
06 29 2012

Mailing Address 390 CASH SPRING ROAD

Amount of Each Disbursement this Period

City OZARK State MO Zip Code 65721

11.00

Purpose of Disbursement  
Fundraising Service Charge

003

Transaction ID : SB17.4286

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF TOM STILSON**

Date of Disbursement

M M / D D / Y Y Y Y  
06 29 2012

Mailing Address 390 CASH SPRING ROAD

Amount of Each Disbursement this Period

City OZARK State MO Zip Code 65721

9.00

Purpose of Disbursement  
Bank Service Charge

001

Transaction ID : SB17.4287

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)

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

47.50

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

12030850187

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (in Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TOM STILSON**

Mailing Address 390 CASH SPRING ROAD

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

1252.78

Purpose of Disbursement  
Dinner Expenses for Sharron Angle Fundraiser

003

Transaction ID : SB17.4288

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MO District: 07

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF TOM STILSON**

Mailing Address 390 CASH SPRING ROAD

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

20.03

Purpose of Disbursement  
Travel Expenses- Fuel

002

Transaction ID : SB17.4289

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MO District: 07

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TOM STILSON**

Mailing Address 390 CASH SPRING ROAD

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

City State Zip Code  
OZARK MO 65721

Amount of Each Disbursement this Period

783.20

Purpose of Disbursement  
Reimbursement of Sharron Angle Flight Cost

003

Transaction ID : SB17.4290

Candidate Name  
**FRIENDS OF TOM STILSON**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: MO District: 07

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

2056.01

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

12030850188

**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 31 OF 40			
	<input checked="" 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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF TOM STILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 390 CASH SPRING ROAD		Amount of Each Disbursement this Period 163.66 Transaction ID : SB17.4291
City OZARK	State MO	
Purpose of Disbursement Reimbursement for Sharron Angle Hotel Costs		Category/ Type 003
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07		

Full Name (Last, First, Middle Initial) <b>B. Wanda Martens</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2012
Mailing Address 502 Cash Spring Road		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4237
City Ozark	State MO	
Purpose of Disbursement In-kind - Advertising- Ozark Baseball Sign		Category/ Type 004
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07		

Full Name (Last, First, Middle Initial) <b>C. Wanda Martens</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 502 Cash Spring Road		Amount of Each Disbursement this Period 81.00 Transaction ID : SB17.4236
City Ozark	State MO	
Purpose of Disbursement In-kind - Banner		Category/ Type 004
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	594.66
<b>TOTAL</b> This Period (last page this line number only).....	

12030850189

**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 32 OF 40	
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Wanda Martens</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012	
Mailing Address 502 Cash Spring Road		Amount of Each Disbursement this Period  150.47 Transaction ID : SB17.4235	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - Campaign Banners	Category/ Type 004		
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07			

Full Name (Last, First, Middle Initial) <b>B. Wanda Martens</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012	
Mailing Address 502 Cash Spring Road		Amount of Each Disbursement this Period  257.94 Transaction ID : SB17.4234	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - Campaign Banners	Category/ Type 004		
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07			

Full Name (Last, First, Middle Initial) <b>C. Laura Stilson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period  100.00 Transaction ID : SB17.4223	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - Advertising	Category/ Type 004		
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	508.41
<b>TOTAL</b> This Period (last page this line number only).....	

12030850190



**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 33 OF 40			
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Laura Stilson</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 40.30	
City Ozark	State MO	Zip Code 65721	Transaction ID : SB17.4224
Purpose of Disbursement In-kind - Campaign Literature		006	
Candidate Name <b>FRIENDS OF TOM STILSON</b>		Category/ Type	
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: MO	District: 07		

Full Name (Last, First, Middle Initial) <b>B. Laura Stilson</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 6.60	
City Ozark	State MO	Zip Code 65721	Transaction ID : SB17.4222
Purpose of Disbursement In-kind - USPS Postage		001	
Candidate Name <b>FRIENDS OF TOM STILSON</b>		Category/ Type	
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: MO	District: 07		

Full Name (Last, First, Middle Initial) <b>C. Laura Stilson</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 25.79	
City Ozark	State MO	Zip Code 65721	Transaction ID : SB17.4220
Purpose of Disbursement In-kind - Campaign Literature		006	
Candidate Name <b>FRIENDS OF TOM STILSON</b>		Category/ Type	
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: MO	District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	72.69
<b>TOTAL</b> This Period (last page this line number only).....	

12030850191

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Laura Stilson</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period  42.00 Transaction ID : SB17.4221	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - Candy - Nixa Sucker Day Parade			007
Candidate Name <b>FRIENDS OF TOM STILSON</b>			Category/ Type
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: MO	District: 07		

Full Name (Last, First, Middle Initial) <b>B. Laura Stilson</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period  48.00 Transaction ID : SB17.4217	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - Campaign Literature			006
Candidate Name <b>FRIENDS OF TOM STILSON</b>			Category/ Type
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: MO	District: 07		

Full Name (Last, First, Middle Initial) <b>C. Laura Stilson</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period  94.35 Transaction ID : SB17.4218	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - State Hospitality Suite Food			007
Candidate Name <b>FRIENDS OF TOM STILSON</b>			Category/ Type
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: MO	District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	184.35
<b>TOTAL</b> This Period (last page this line number only).....	

12030850192

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<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)  
**FRIENDS OF TOM STILSON**

12030850193

Full Name (Last, First, Middle Initial) <b>A. Laura Stilson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period  63.06 Transaction ID : SB17.4219	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - Hospitality Suite Food			007
Candidate Name <b>FRIENDS OF TOM STILSON</b>			Category/ Type
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: MO	District: 07		

Full Name (Last, First, Middle Initial) <b>B. Laura Stilson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period  10.71 Transaction ID : SB17.4216	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - State Hospitality Suite Supplies			006
Candidate Name <b>FRIENDS OF TOM STILSON</b>			Category/ Type
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: MO	District: 07		

Full Name (Last, First, Middle Initial) <b>C. Laura Stilson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period  29.99 Transaction ID : SB17.4215	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - Extra Phone Line			001
Candidate Name <b>FRIENDS OF TOM STILSON</b>			Category/ Type
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: MO	District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	103.76
<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)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Laura Stilson</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4214
City Ozark	State MO	
Zip Code 65721		Amount of Each Disbursement this Period 252.35 Transaction ID : SB17.4233
Purpose of Disbursement In-kind - Table and Booth - Sertoma Duck Race		
Candidate Name <b>FRIENDS OF TOM STILSON</b>		Category/ Type 007
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: MO	District: 07	

Full Name (Last, First, Middle Initial) <b>B. Robert Stilson</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 252.35 Transaction ID : SB17.4233
City Ozark	State MO	
Zip Code 65721		Amount of Each Disbursement this Period 224.10 Transaction ID : SB17.4232
Purpose of Disbursement In-kind - Website Hosting		
Candidate Name		Category/ Type 004
Office Sought: <input 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:	District:	

Full Name (Last, First, Middle Initial) <b>C. Robert Stilson</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 224.10 Transaction ID : SB17.4232
City Ozark	State MO	
Zip Code 65721		Amount of Each Disbursement this Period 576.45
Purpose of Disbursement In-kind - Campaign Literature		
Candidate Name <b>FRIENDS OF TOM STILSON</b>		Category/ Type 006
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: MO	District: 07	

**SUBTOTAL** of Disbursements This Page (optional) ..... 576.45

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

12030850194

**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 37 OF 40			
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Robert Stilson</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period  254.90 Transaction ID : SB17.4231	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - t-shirts	Category/ Type 006		
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07			

Full Name (Last, First, Middle Initial) <b>B. Robert Stilson</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period  124.17 Transaction ID : SB17.4230	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - Stickers	Category/ Type 006		
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07			

Full Name (Last, First, Middle Initial) <b>C. Robert Stilson</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2012	
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period  20.07 Transaction ID : SB17.4228	
City Ozark	State MO		Zip Code 65721
Purpose of Disbursement In-kind - Supplies for Hospitality Suite	Category/ Type 007		
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	399.14
<b>TOTAL</b> This Period (last page this line number only).....	

12030850195

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<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)  
**FRIENDS OF TOM STILSON**

<b>A. Robert Stilson</b> Full Name (Last, First, Middle Initial) Mailing Address 390 Cash Spring Road City Ozark State MO Zip Code 65721 Purpose of Disbursement In-kind - State Convention Hospitality Suite Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07		Date of Disbursement M M / D D / Y Y Y Y 06 02 2012 Amount of Each Disbursement this Period 185.17 Transaction ID : SB17.4229 Category/ Type 007
<b>B. Thomas Shane Stilson</b> Full Name (Last, First, Middle Initial) Mailing Address 390 Cash Spring Road City Ozark State MO Zip Code 65721 Purpose of Disbursement In-kind - Business Cards Candidate Name 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: MO District: 07		Date of Disbursement M M / D D / Y Y Y Y 03 25 2012 Amount of Each Disbursement this Period 107.58 Transaction ID : SB17.4187 Category/ Type 006
<b>C. Thomas Shane Stilson</b> Full Name (Last, First, Middle Initial) Mailing Address 390 Cash Spring Road City Ozark State MO Zip Code 65721 Purpose of Disbursement In-kind - Gas for Travel Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07		Date of Disbursement M M / D D / Y Y Y Y 04 16 2012 Amount of Each Disbursement this Period 50.85 Transaction ID : SB17.4186 Category/ Type 002

12030850196

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	343.60
<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 39 OF 40	
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Thomas Shane Stilson</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period \$ 19.07 Transaction ID : SB17.4185
City Ozark	State MO	
Purpose of Disbursement In-kind - Gas for Travel	Category/ Type 002	
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07		

Full Name (Last, First, Middle Initial) <b>B. Thomas Shane Stilson</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period \$ 3.60 Transaction ID : SB17.4184
City Ozark	State MO	
Purpose of Disbursement In-kind - USPS Postage	Category/ Type 001	
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07		

Full Name (Last, First, Middle Initial) <b>C. Thomas Shane Stilson</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period \$ 75.00 Transaction ID : SB17.4293
City Ozark	State MO	
Purpose of Disbursement In-kind - Travel Expenses- Fuel	Category/ Type 002	
Candidate Name <b>FRIENDS OF TOM STILSON</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: MO District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	97.67
<b>TOTAL</b> This Period (last page this line number only).....	8379.09

12030850197

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

NAME OF COMMITTEE (In Full) **FRIENDS OF TOM STILSON** Transaction ID : **SC/10.4250**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Matthew Ennis**

Mailing Address  
1422 West Sackett

Election: 2012  
 Primary  
 General  
 Other (specify) ▼

City State ZIP Code  
Springfield MO 65807

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
466.11	0.00	466.11

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 17 / 2012	Paid July 12	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	466.11
<b>TOTALS</b> This Period (last page in this line only).....	▶	466.11

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

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
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Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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Delivery Confirmation™ or Signature Confirmation™ Label

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Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): *fed Ex* Shipping Date  
*7/16/12*  
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

  
PREPARER  
(3/2005)

*7/17/12*  
DATE PREPARED

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