Image# 14978245185					PAGE 1 / 25
FEC FORM 3	AND DI	T OF RE SBURSE Authorized Co	MENTS	Office	e Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRI		Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number an	d street)	,			
Check if dif than previou reported. (A	usly I SILVA			MO 63964	······································
2. FEC IDENTIFIC	Cation Number V	CITY		STATE	ZIP CODE ▲ STATE ▼ DISTRICT
C C0054928	37	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
(a) Quarterly Re	<b>PORT</b> (Choose One) eports: 5 Quarterly Report (Q1)	(b) 12-Day <b>PF</b>	RE-Election Report for the Primary (12P) Convention (12C)	e: General (12G) Special (12S)	Runoff (12R)
	Quarterly Report (Q2) r 15 Quarterly Report (Q3)	Election c	n / D _ D	/ Y Y Y Y	in the State of
January	v 31 Year-End Report (YE)	(c) 30-Day <b>PC</b>	<b>DST</b> -Election Report for t General (30G)	he: Runoff (30R)	Special (30S)
Termina	tion Report (TER)	Election c	n/ D _ D	/ Y Y Y Y	in the State of
5. Covering Period	M 07 / D D 17	/ Y Y Y Y 2014	through C		Y Y Y 2014
I certify that I have e Type or Print Name o	examined this Report and of TreasurerMr. Chuck E	-	knowledge and belief it i	s true, correct and corr	nplete.
Signature of Treasure	Mr. Chuck Banks		[Electronically Filed]	Date	15 / Y Y Y Y Y 2014 2014
	false, erroneous, or incomp	blete information ma	y subject the person signi	ng this Report to the per	nalties of 2 U.S.C. §437g.
FE5AN018					EC FORM 3 Revised 02/2003)

Image# 14978245185

10/15/2014 11 : 40

Ima	age# 14978245186		
	FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 25
	Vrite or Type Committee Name STOCKER IN CONGRESS		
R	Report Covering the Period: From:	D7 / D D / Y Y Y Y 17 / 2014 To:	M M / D D / Y Y Y Y 09 30 / 2014
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)	<u> </u>	
	(a) Total Contributions (other than loans) (from Line 11(e))	14279.99	23392.00
	(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))	14279.99	23392.00
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	28066.10	72700.56
	(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))	28066.10	72700.56
8.	Cash on Hand at Close of Reporting Period (from Line 27)	141416.69	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	200650.00	

### For further information contact:

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

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

#### Image# 14978245187

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

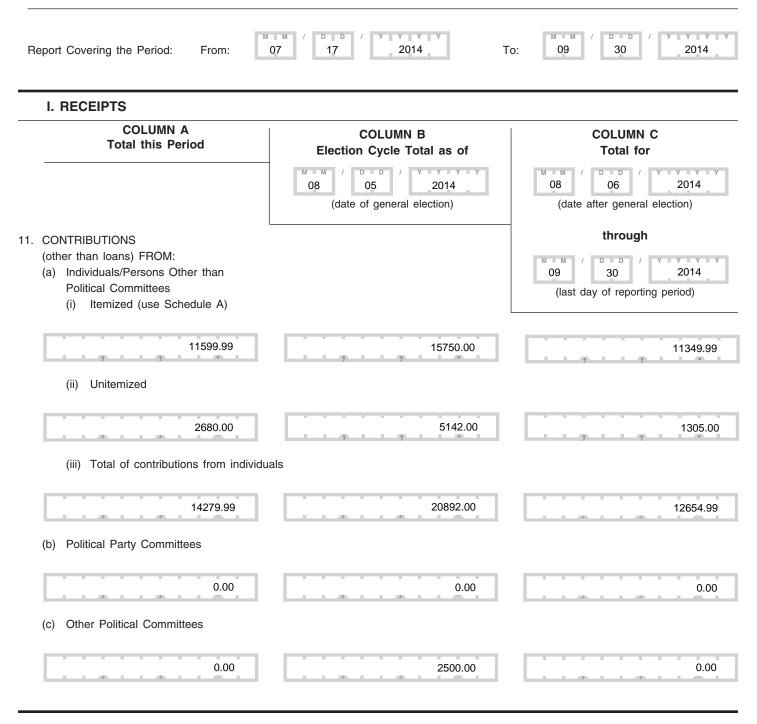
• If the candidate participated in the general election, use this form for the 30-day Post-General report.

• If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

# Write or Type Committee Name STOCKER IN CONGRESS

FEC Form 3 (Revised 07/05)



Image# 14978245188

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

	FEC Form 3 (Revised 1/01)		PAGE 4 / 25
	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
	(d) The Candidate		
	0.00	0.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than loa	ns) (add Lines 11(a)(iii), (b), (c) and (d))	
	14279.99	23392.00	12654.99
12.	TRANSFERS FROM OTHER AUTHORIZED C	COMMITTEES	
	0.00	0.00	0.00
	LOANS: (a) Made or Guaranteed by the Candidate		
	150000.00	50650.00	150000.00
	(b) All Other Loans		
	0.00	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))		
	150000.00	50650.00	150000.00
14.	OFFSETS TO OPERATING EXPENDITURES	(Refunds, rebates, etc.)	
	0.00	0.00	0.00
15.	OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00	0.00
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 a	and 15)	
	164279.99	74042.00	162654.99

Ima	age# 14978245189		
Γ		CTION DETAILED SUMMARY	PAGE PAGE 5 / 25
	Vrite or Type Committee Name STOCKER IN CONGRESS		
F	Report Covering the Period: From:	M / D = D / Y = Y = Y 17 2014	To: 09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
_	II. DISBURSEMENTS		
	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17.	OPERATING EXPENDITURES		
	28066.10	72700.56	22579.74
18.	. TRANSFERS TO OTHER AUTHORIZED COM	IMITTEES	
	0.00	0.00	0.00
19.	. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Ca	undidate	
	0.00	0.00	0.00
	(b) Of All Other Loans		
	0.00	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines	19(a) and 19(b))	
	0.00	0.00	0.00
20.	. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political (	Committees	
	0.00	0.00	0.00
	(b) Political Party Committees		
	0.00	0.00	0.00

Image# 14978245190		-
FEC Form 3 (Revised 1/01)	Report of Receipts and Disbursements	PAGE PAGE 6 / 25
COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such a	as PACs)	
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNE	DS (add Lines 20(a), (b) and (c))	
0.00	0.00	0.00
21. OTHER DISBURSEMENTS		
0.00	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines	17, 18, 19(c), 20(d) and 21)	
28066.10	72700.56	22579.74
III. NET CONTRIBUTIONS (OT	HER THAN LOANS)	
(Note: Substitute in lieu of Li	ne #6 of Summary Page for this report only; subt	ract Line 20(d) from Line 11(e))
14279.99	23392.00	12654.99

# **IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

	28066.10 72700.56	22579.74
	V. CASH SUMMARY	
23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	5202.80
24.	TOTAL RECIEPTS THIS PERIOD (from Line 16)	164279.99
25.	SUBTOTAL (add Line 23 and Line 24)	169482.79
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	28066.10
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	141416.69

FE1AN044

IT Ar				FOR LINE NUMBER:       PAGE       7       OF       25         (check only one)       I1a       11b       11c       11d         12       13a       13b       14       15         person for the purpose of soliciting contributions ee to solicit contributions from such committee.       25
	NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS			
<b>A</b> .	Full Name (Last, First, Middle Initial)         8th Congressional District Committee         Mailing Address P.O.BOX 99         City         Doe Run         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For: 2014         Primary       X General Other (specify)	State MO C	Zip Code 63637	Date of Receipt 09 16 2014 Transaction ID : SA11AI.4391 Amount of Each Receipt this Period 250.00 contribution
В.	Full Name (Last, First, Middle Initial) Robert Blake Mailing Address 2322 MEADOW LARK LANE City Columbia FEC ID number of contributing federal political committee. Name of Employer none Receipt For: 2014 Primary X General Other (specify)	State MO C Occupation retired Election C	Zip Code 65201	Date of Receipt M M / D D / Y Y Y Y Transaction ID : SA11AI.4356 Amount of Each Receipt this Period 250.00 contribution
 C.	Full Name (Last, First, Middle Initial)         Mary Bock         Mailing Address 2512 PCR 820         City         St. Mary         FEC ID number of contributing federal political committee.         Name of Employer none         Receipt For: 2014         Primary       X General         Other (specify)	State MO C Occupation retired Election C	Zip Code 63673	Date of Receipt 09 / 22 / 2014 Transaction ID : SA11AI.4401 Amount of Each Receipt this Period 250.00 contribution
F	UBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3)			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 OF 25 (check only one) X 11a 11b 11c 11d			
П	EMIZED RECEIPTS		Detailed Summary Page				
Ar	ny information copied from such Reports and S	Statements m	I not be sold or used by any				
	for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS						
۲ ۸.	Full Name (Last, First, Middle Initial) Ms Barbara Boley Adelman			Date of Receipt			
	Mailing Address P.O.BOX 225	08 21	2014				
	City	State	Zip Code	Transaction ID : SA11AI.	4364		
	Moro	IL	62067				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receip			
	Name of Employer	Occupation	1		250.00		
	none	retired		contribution			
	Receipt For: 2014	Election C	ycle-to-Date				
	Primary X General		250.00	1			
	Other (specify)		200.00	1			
В.	Full Name (Last, First, Middle Initial) Butler County Democratic Club			Date of Receipt			
ь.	Mailing Address 6524 County Rd			M M / D D / 09 10	2014		
	City Broseley	State MO	Zip Code 63932	Transaction ID : SA11AI.	4389		
	<b>·</b>	NIO	03932				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receip	ot this Period		
					999.99		
	Name of Employer	Occupation		Contribution	,		
	Receipt For: 2014	Election C	ycle-to-Date				
	Primary X General		,	1			
	Other (specify)	L	999.99	1			
	Full Name (Last, First, Middle Initial)			Date of Receipt			
C.	Jefferey Hawkins Mailing Address 42 Camino PorArboles			·			
	42 Camino PorArboles			M M / D D / 09 10	2014		
	City	State	Zip Code	Transaction ID : SA11AI			
	Atherton	CA	94027				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receip	ot this Period		
	Name of Employer	Occupation	1		2000.00		
	none	not employ	ed	contribution	,		
	Receipt For: 2014	Election C	ycle-to-Date				
	Primary Ceneral		2000 00	1			
	Other (specify)		2000.00	1			
s	UBTOTAL of Receipts This Page (optional)				3249.99		
Ĕ					,		
т	OTAL This Period (last page this line number of	only)			,		

				FOR LINE NUMBER: PAGE 9 OF 25		
3(	CHEDULE A (FEC Form 3)		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 11d		
_			Solanda Guinnary I age	12 13a 13b 14 15		
				person for the purpose of soliciting contributions be to solicit contributions from such committee.		
F						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS					
Α.	Full Name (Last, First, Middle Initial) W.A. Hirsch			Date of Receipt		
/ 11	Mailing Address 1035 W 57th Terrace	08 21 2014				
	City	State	Zip Code	Transaction ID : SA11AI.4366		
	Kansas City	MO	64113			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	1	250.00		
	Stinson, Leonard, Street	attorney		contribution		
	Receipt For: 2014		ycle-to-Date	-		
	Primary X General			1		
	Other (specify)	L	250.00	1		
	Full Name (Last, First, Middle Initial) Rush Robinson			Date of Receipt		
В.	Mailing Address 12302 Rule Hill CT			_ ·		
	Maning Address 12302 Kule Hill CI			09 04 2014		
	City	State	Zip Code	Transaction ID : SA11AI.4383		
	Maryland Heights	MO	63043			
	FEC ID number of contributing	C		Amount of Each Receipt this Period		
	federal political committee.	С		Amount of Each necelpt this renou		
	Name of Employer	Occupation	1			
	none	retired		contribution		
	Receipt For: 2014	Election C	ycle-to-Date	-		
	Primary K General			1		
_	Other (specify)	L	400.00			
с.	Full Name (Last, First, Middle Initial) Ms Joyce Trimble			Date of Receipt		
0.	Mailing Address 11830 State Route BB			M M / D D / Y Y Y Y		
		State	Zip Code	09 03 2014		
	City Rolla	MO	21p Code 65401	Transaction ID : SA11AI.4380		
	FEC ID number of contributing	_		-		
	federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	1			
	none	retired		contribution		
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary X General		0000.00	1		
	Other (specify)		2600.00	1		
Г						
s	SUBTOTAL of Receipts This Page (optional)					
,	<b>OTAL</b> This Period (last page this line number	only)				
1'	The most chou liast page this line humber	Silly/				

Т	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         10         OF         25           (check only one)         I1a         11b         11c         11d           12         13a         13b         14         15
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements m	nay not be sold or used by any address of any political committed	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS			
<u>А</u> .	Full Name (Last, First, Middle Initial) Mr. Selden Trimble			Date of Receipt
	Mailing Address 11830 State Route BB			09 03 2014
	City Rolla	State MO	Zip Code 65401	Transaction ID : SA11AI.4379
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer none	Occupation retired	n	2600.00 contribution
	Receipt For: 2014	Election C	ycle-to-Date	
	Primary X General Other (specify)		2600.00	]
В.	Full Name (Last, First, Middle Initial) Washigton County Central Comm	ittee		Date of Receipt
υ.	Mailing Address 313 Lilac Dr.			M         /         D         /         Y
	City Potosi	State MO	Zip Code 63664	Transaction ID : SA11AI.4397
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	250.00
	Receipt For: 2014	Election C	ycle-to-Date	
	Other (specify)		250.00	]
c.	Full Name (Last, First, Middle Initial) Washington County Democratio	: Club		Date of Receipt
	Mailing Address 313 Lilac Dr.			09 18 2014
	City Potosi	State MO	Zip Code 63664	Transaction ID : SA11AI.4395
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	contribution
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 250.00	]
s	<b>UBTOTAL</b> of Receipts This Page (optional)			3100.00
F	OTAL This Period (last page this line number			

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         25           (check only one)         Image: Check o
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)         Wayne County Democratic Club         Mailing Address HC1 BOX1550         City         Silva         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For: 2014         Primary       X         General         Other (specify)	State MO C Occupation	Zip Code 63694	Date of Receipt 08 / 18 / 2014 Transaction ID : SA11AI.4361 Amount of Each Receipt this Period 1000.00 contribution
Full Name (Last, First, Middle Initial)         Isaac Young         Mailing Address 7409 MANCHESTER         City         St. Louis         FEC ID number of contributing federal political committee.         Name of Employer         self         Receipt For: 2014         Primary       General         Other (specify)	State MS C Occupation attorney Election C	Zip Code 63143 v/cle-to-Date 250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General Other (specify)	State C Occupation Election C	Zip Code	Date of Receipt         M M / D D / Y Y Y Y         Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optiona	l)		1250.00

				FOR LINE NUMBER: PAGE 12 OF 25		
5	CHEDULE A (FEC Form 3)		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 11d		
_				12 X 13a 13b 14 15		
				person for the purpose of soliciting contributions be to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS					
ے ۸.	Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker			Date of Receipt		
А.	Mailing Address 2518 Meredith Dr	08 11 2014				
	City DeSoto	State MO	Zip Code 63020	Transaction ID : SA13A.4414		
	FEC ID number of contributing federal political committee.	С н4	MO08212	Amount of Each Receipt this Period		
	Name of Employer N/A	Occupation Retired	ı	personal funds		
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary X General Other (specify)		150000.00			
_	Full Name (Last, First, Middle Initial)			Date of Receipt		
В.	Mailing Address			M M / D D / Y Y Y Y		
	City					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	1			
	Receipt For:	Election C	ycle-to-Date			
	Primary General			1		
	Other (specify)		y y			
	Full Name (Last, First, Middle Initial)			Date of Receipt		
C.	Mailing Address					
	City	State	Zip Code			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	١			
	Receipt For:	Election C	ycle-to-Date			
	Other (specify)		, , , , , , , , ,			
	UBTOTAL of Receipts This Page (optional)			150000.00		
F				- 150000.00		
ר	TOTAL This Period (last page this line number	only)				

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: (check only one)         PAGE         13         OF         25           X         17         18         19a         19b           20a         20b         20c         21
	ny information copied from such Reports and Statements n for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Arnold Printing Mailing Address 1616-A Jeffco Blvd		Date of Disbursement	
	City State Arnold MO Purpose of Disbursement printing Candidate Name STOCKER IN CONGRESS Office Sought: X House Disbursement For	Zip Code 63010 r: 2014	001 Category/ Type	Amount of Each Disbursement this Period 851.90 Transaction ID : SB17.4429
В.	State:       MO       District:       08         Full Name (Last, First, Middle Initial)         Mr. Chuck Banks		Date of Disbursement	
	Mailing Address       H.C.1 BOX 1550         City       State         Silva       MO         Purpose of Disbursement       MO         Candidate Name       STOCKER IN CONGRESS         Office Sought:       X       House         Disbursement For       Senate       Primary		001 Category/ Type	07     31     2014       Amount of Each Disbursement this Period     5000.00       Transaction ID : SB17.4417
C.	Other (state:       MO       District:       08         Full Name (Last, First, Middle Initial)       Mr. Chuck Banks         Mailing Address       H.C.1 BOX 1550         City       State       Z	specify) ip Code		Date of Disbursement
	Silva     MO     MO       Purpose of Disbursement management     Generation       Candidate Name     StockER IN CONGRESS       Office Sought:     House       Senate     Primary       President     Other (state)       State:     MO	General	001 Category/ Type	5000.00 Transaction ID : SB17.4430
	State:         MO         District:         08           SUBTOTAL of Disbursements This Page (optional)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS			FOR LINE NUMBER:         PAGE         14         OF         25           (check only one)         X         17         18         19a         19b           20a         20b         20c         21					
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS								
Α.	Full Name (Last, First, Middle Initial) Mr. Chuck Banks		Date of Disbursement						
	Mailing Address H.C.1 BOX 1550			09 30 2014					
	City State Silva MO	Zip Code 63964		Amount of Each Disbursement this Period 5000.00					
	Candidate Name		001 Category/	Transaction ID : SB17.4433					
	STOCKER IN CONGRESS         Office Sought:       House       Disbursement For         Senate       President       Other (s         State:       MO       District:       08	X General	Type						
В.	Full Name (Last, First, Middle Initial) My Campaign Store LLC Mailing Address 304 Whittington Pkwy,#201			Date of Disbursement					
	City State	Zip Code		08 18 2014					
	Louisville KY Purpose of Disbursement signs	40222		Amount of Each Disbursement this Period 11160.22					
	Candidate Name STOCKER IN CONGRESS		006 Category/ Type	Transaction ID : SB17.4425					
	Office Sought: House Disbursement For Senate President Other (s State: MO District: 08	General							
c.	Full Name (Last, First, Middle Initial) NGP Van			Date of Disbursement					
	Mailing Address 48 Grove Street, Suite 202			08 01 Y Y Y Y 08 01 2014					
	City State Zi Somerville MA 0		Amount of Each Disbursement this Period						
	Purpose of Disbursement email Candidate Name	001 Category/	Transaction ID : SB17.4420						
	STOCKER IN CONGRESS         Office Sought:       House       Disbursement For         Senate       President       Other (s         State:       MO       District:       08	X General	Туре						
s	UBTOTAL of Disbursements This Page (optional)			16310.22					
		TOTAL This Period (last page this line number only)							

Image# 14978245199	mage# 14978245199							
SCHEDULE C (FEC	Form 3)			Use separate schedule(s)				
LOANS	·			Ose separate schedule(s)       FOR LINE NUMBER:         for each category of the       check only one)         Detailed Summary Page       13a				
NAME OF COMMITTEE (In F STOCKER IN CONG				Transaction ID : SC/10.4117				
LOAN SOURCE Full Nat	ne (Last, First, Mid	dle Initial)		Election: 2014				
Mrs. Barbara H Sto	ocker			Primary General				
Mailing Address 2518 Meredith Dr				Other (specify)				
City		State Z	ZIP Code	de				
DeSoto		MO	63020					
Original Amount of Loan	5000.00	Cumulative Paym	ient To D	Date Balance Outstanding at Close of This Peri 0.00 5000.00				
7 7		9	9					
TERMS Date Incur	red	Date	e Due	Interest Rate Secured:				
M08 <sup>M</sup> / D20 <sup>D</sup> /	2013	M M / D D	/ Y Y	N/A <sup>Y</sup> 0.00 % (apr) Ves N				
List All Endorsers or Gu		Loan Source						
1. Full Name (Last, First	Middle Initial)		1	Name of Employer				
Mailing Address			(	Occupation				
City	State	ZIP Code	(	Amount Guaranteed Outstanding:				
2. Full Name (Last, First,	Middle Initial)		1	Name of Employer				
Mailing Address			(	Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, First,	Middle Initial)		1	Name of Employer				
Mailing Address			(	Occupation				
City	State	ZIP Code	(	Amount Guaranteed Outstanding:				
4. Full Name (Last, First,	Middle Initial)		1	Name of Employer				
Mailing Address			(	Occupation				
City	State	ZIP Code	(	Amount Guaranteed Outstanding:				
SUBTOTALS This Period Th								
Carry outstanding balance	only to LINE 3, Sch	edule D, for this li	ine. If no	no Schedule D, carry forward to appropriate line of Summary				

age# 14978245200				
HEDULE C (FEC Form 3 ANS	)	Use separate schedule for each category of th Detailed Summary Pag	(check only one) X 13a 13b	
ME OF COMMITTEE (In Full) TOCKER IN CONGRESS		Transact	tion ID : SC/10.4119	
LOAN SOURCE Full Name (Last, Fi Mrs. Barbara H Stocker	rst, Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address 2518 Meredith Dr			Other (specify)	
City	State ZIP 0	Code		
DeSoto	MO 6302	20		
Original Amount of Loan	Cumulative Payment	To Date Bala	nce Outstanding at Close of This Pe	
150.0	0	0.00	150.00	
TERMS Date Incurred	Date Du	ue Interest Rate	Secured:	
M08 / D30 / Y 2013	Y M M / D D /	<sup>Y</sup> <sup>Y</sup> N/A <sup>Y</sup> <sup>Y</sup> 0.00	₩ (apr) <sup>Yes</sup>	
List All Endorsers or Guarantors (if	any) to Loan Source		100	
1. Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
City S	itate ZIP Code	Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, Middle Initia	al)	Name of Employer		
Mailing Address		Occupation		
City S	state ZIP Code	Amount Guaranteed Outstanding:	9 1 1 9 1 1 7 1	
3. Full Name (Last, First, Middle Initia	al)	Name of Employer		
Mailing Address		Occupation		
City S	itate ZIP Code	Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initia	al)	Name of Employer		
Mailing Address		Occupation		
City S	state ZIP Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1	
JBTOTALS This Period This Page (op	tional)	······································	150.00	
OTALS This Period (last page in this li				

nage# 14978245201	
CHEDULE C (FEC Form 3) OANS	PAGE17OF25Use separate schedule(s) for each category of the Detailed Summary PageFOR LINE NUMBER: (check only one)13a
IAME OF COMMITTEE (In Full) STOCKER IN CONGRESS	Transaction ID : SC/10.4120
LOAN SOURCE Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker	[PERSONAL FUNDS] Election: 2014
Mailing Address 2518 Meredith Dr	Other (specify)
City State	ZIP Code
DeSoto MO	63020
Original Amount of Loan Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 5000.00
TERMS Date Incurred	Pate Due Interest Rate Secured:
M 09 / D17 / Y 2013 Y M M / D D	$\begin{array}{c c} & & & \\ & & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & & \\ & & & \\ & & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & & \\ & & & & \\ & & & &$
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	

Image# 14978245202	mage# 14978245202							
SCHEDULE C (FEC	Form 3)			Use separate schedule(s) FOR LINE NUMBER:				
LOANS				for each category of the Detailed Summary Pag	10 (check only one) X 13a			
NAME OF COMMITTEE (In FOR	,			Transac	tion ID : SC/10.4181			
LOAN SOURCE Full Nar	me (Last, First, Mic	Idle Initial)		[PERSONAL FUNDS]	Election: 2014			
Mrs. Barbara H Sto	ocker				Primary General			
Mailing Address 2518 Meredith Dr					Other (specify)			
City		State	ZIP Code	e				
DeSoto		МО	63020					
Original Amount of Loan	0000.00	Cumulative Pa	yment To D		nce Outstanding at Close of This Period			
9	6000.00			0.00	6000.00			
TERMS Date Incur	red	C	Date Due	Interest Rate	secured:			
M 10 <sup>M</sup> / D 29 <sup>D</sup> /	Y Ž013 Y	M M / D D	/ <sup>Y</sup> 12/3	31/2014 <sup>Y</sup> 0.00				
List All Endorsers or Gu	arantors (if any) to	o Loan Source						
1. Full Name (Last, First,	Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	g - 1 - 1 - g - 1 - 1 - 1 - 1 - 1			
2. Full Name (Last, First,	Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, First,	Middle Initial)			Name of Employer				
Mailing Address				Occupation				
			_	Amount				
City	State	ZIP Code		Guaranteed Outstanding:	yy			
4. Full Name (Last, First,	Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y - 1 - y - 1 - x - 1			
SUBTOTALS This Period Th				H	6000.00			
Carry outstanding balance of	only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.			

Image# 14978245203	mage# 14978245203							
SCHEDULE C (FEG	C Form 3)			Use separate schedule				
LOANS				for each category of th Detailed Summary Pag	e (check only one) X 13a			
NAME OF COMMITTEE (In STOCKER IN CON	,			Transac	tion ID : SC/10.4182			
LOAN SOURCE Full N	ame (Last, First, Mid	Idle Initial)		[PERSONAL FUNDS]	Election: 2014			
Mrs. Barbara H St	tocker				Primary General			
Mailing Address 2518 Meredith Dr					Other (specify)			
City		State	ZIP Code	e				
DeSoto		MO	63020					
Original Amount of Loa		Cumulative Pay	ment To D		nce Outstanding at Close of This Period			
	6000.00	7		0.00	6000.00			
TERMS Date Incl	urred	Da	ate Due	Interest Rate	Secured:			
M 11 / D 27 /	Y Ž013 Y	M M / D D	<sup>/</sup> <sup>Y</sup> 12/3	31/2014 <sup>Y</sup> 0.00				
List All Endorsers or G	Guarantors (if any) to	o Loan Source						
1. Full Name (Last, Firs	st, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y			
2. Full Name (Last, First	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed				
				Outstanding:	y y y			
3. Full Name (Last, First	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y			
4. Full Name (Last, First	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	g 1 1 g 1 1 x 1			
SUBTOTALS This Period T				H	6000.00			
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.			

Image# 14978245204	mage# 14978245204							
SCHEDULE C (FEG	C Form 3)			Use separate schedule(s) FOR LINE NUMBER:				
LOANS				for each category of the Detailed Summary Pag	he (check only one) X 13a			
NAME OF COMMITTEE (In STOCKER IN CON	,			Transac	ction ID : SC/10.4204			
LOAN SOURCE Full N	ame (Last, First, Mic	Idle Initial)		[PERSONAL FUNDS]	Election: 2014			
Mrs. Barbara H St	tocker				Primary General			
Mailing Address 2518 Meredith Dr					Other (specify)			
City		State	ZIP Code	Э				
DeSoto		МО	63020					
Original Amount of Loa	n 3000.00	Cumulative Pay	yment To D	0.00 Bala	ance Outstanding at Close of This Period 3000.00			
	3000.00			0.00	3000.00			
TERMS Date Inc	urred	D	ate Due	Interest Rate	e Secured:			
M01 <sup>M</sup> / D30 <sup>D</sup> /	Y Ž014 Y	M M / D D	/ <sup>Y</sup> 12/3	31/2014 <sup>Y</sup> 0.00				
List All Endorsers or G		b Loan Source						
1. Full Name (Last, Firs	st, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y			
2. Full Name (Last, First	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, First	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y			
4. Full Name (Last, First	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 1 1			
SUBTOTALS This Period T				H	3000.00			
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.			

Image# 14978245205	mage# 14978245205							
SCHEDULE C (FEC	Form 3)			Use separate schedule(s)				
LOANS				for each category of th Detailed Summary Pag	ie (check only one) X 13a			
NAME OF COMMITTEE (In F STOCKER IN CONG	,			Transac	tion ID : SC/10.4205			
LOAN SOURCE Full Na	me (Last, First, Mic	Idle Initial)		[PERSONAL FUNDS]	Election: 2014			
Mrs. Barbara H Sto	ocker				Primary General			
Mailing Address 2518 Meredith Dr					Other (specify)			
City		State	ZIP Code	e				
DeSoto		MO	63020					
Original Amount of Loan	10000.00	Cumulative Pa	yment To D	0.00 Bala	nce Outstanding at Close of This Period			
	10000.00		<u> </u>	0.00	10000.00			
TERMS Date Incur	red	C	Date Due	Interest Rate	e Secured:			
<sup>M</sup> 03 <sup>M</sup> / <sup>D</sup> 04 <sup>D</sup> /	Y Ž014 Y	M M / D D	/ <sup>Y</sup> 12/3	31/2014 <sup>Y</sup> 0.00				
List All Endorsers or Gu		o Loan Source						
1. Full Name (Last, First	, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1			
2. Full Name (Last, First,	Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y			
3. Full Name (Last, First,	Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y			
4. Full Name (Last, First,	Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1			
SUBTOTALS This Period The TOTALS This Period (last page)				H	10000.00 7 7 7			
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.			

Image# 14978245206	mage# 14978245206							
SCHEDULE C (FEC Form 3) LOANS	Use separate schedule(s) for each category of the Check only one)							
LOANS	Detailed Summary Page 13b							
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS	Transaction ID : SC/10.4294							
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014							
Mrs. Barbara H Stocker	Primary General							
Mailing Address 2518 Meredith Dr	Other (specify)							
City State ZIP C	Code							
DeSoto MO 6302	20							
Original Amount of Loan Cumulative Payment								
5000.00	0.00 5000.00							
TERMS Date Incurred Date Du	ue Interest Rate Secured:							
M 04 / 25 / Y 2014 Y M M / D D / Y	<sup>v</sup> 12/31/2014 <sup>v</sup> 0.00 % (apr) Ves No							
List All Endorsers or Guarantors (if any) to Loan Source								
1. Full Name (Last, First, Middle Initial)	Name of Employer							
Mailing Address	Occupation							
City State ZIP Code	Amount Guaranteed Outstanding:							
2. Full Name (Last, First, Middle Initial)	Name of Employer							
Mailing Address	Occupation							
	Amount Guaranteed							
City State ZIP Code	Outstanding:							
3. Full Name (Last, First, Middle Initial)	Name of Employer							
Mailing Address	Occupation							
City State ZIP Code	Amount Guaranteed Outstanding:							
4. Full Name (Last, First, Middle Initial)	Name of Employer							
Mailing Address	Occupation							
City State ZIP Code	Amount Guaranteed Outstanding:							
SUBTOTALS This Period This Page (optional)								
TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line.	- <u>y</u> <u>y</u> <u>x</u>							

age# 14978245207				
HEDULE C (FEC Form 3) ANS		Use separate schedule for each category of th Detailed Summary Pag	(check only one) X 13a 13b	
ME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.4295	
LOAN SOURCE Full Name (Last, First, I Mrs. Barbara H Stocker	Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address 2518 Meredith Dr			Other (specify)	
City	State ZIP C	Code		
DeSoto	MO 63020	0		
Original Amount of Loan	Cumulative Payment T	To Date Bala	nce Outstanding at Close of This Pe	
8000.00		0.00	8000.00	
TERMS Date Incurred	Date Due	e Interest Rate	Secured:	
M05 <sup>M</sup> / D28 <sup>D</sup> / Y Ž014 <sup>Y</sup>	M M / D D / Y	12/31/2014 <sup>¥</sup> 0.00	₩ (apr)	
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:	y y	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	y	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
JBTOTALS This Period This Page (optiona	al)	· ····································	8000.00	
<b>DTALS</b> This Period (last page in this line of a start of the start of				

Image# 14978245208	mage# 14978245208							
SCHEDULE C (FEC LOANS	Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page				
					13D			
NAME OF COMMITTEE (In FU STOCKER IN CONG	,			Transac	tion ID : SC/10.4296			
LOAN SOURCE Full Nar	•	Idle Initial)		[PERSONAL FUNDS]	Election: 2014			
Mrs. Barbara H Sto	cker				Y Primary General			
Mailing Address 2518 Meredith Dr					Other (specify)			
City		State	ZIP Code	9				
DeSoto		MO	63020					
Original Amount of Loan	0500.00	Cumulative Pay	vment To D		nce Outstanding at Close of This Period			
9 9	2500.00			0.00	2500.00			
TERMS Date Incurr	red	יח	ate Due	Interest Rate	Secured:			
M06 <sup>M</sup> / D30 <sup>D</sup> /	Ý Ž014 Ý	M M / D D	_	31/2014 <sup>°</sup> 0.00				
List All Endorsers or Gu		o Loan Source						
1. Full Name (Last, First,	Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y			
2. Full Name (Last, First,	Middle Initial)		1	Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed				
Ony	Otate			Outstanding:	y			
3. Full Name (Last, First,	Middle Initial)		1	Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y			
4. Full Name (Last, First,	Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	g - 1 - g - 1			
SUBTOTALS This Period Thi TOTALS This Period (last pa				H	2500.00			
Carry outstanding balance of	only to LINE 3, Sch	edule D, for this	line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.			

age# 14978245209							
CHEDULE C (FEC Form 3) DANS				Use separate schedu for each category of Detailed Summary P	the (check of	PAGE 25 IE NUMBER: only one)	OF 2
ME OF COMMITTEE (In Full) TOCKER IN CONGRES	S			Trans	action ID : SC/10.	4414	
LOAN SOURCE Full Name (La Mrs. Barbara H Stocker		ddle Initial)			Election: 20	14	
Mailing Address 2518 Meredith Dr					Other (sp	ecify) 🔻	
City		State	ZIP Code	)			
DeSoto		MO	63020				
Original Amount of Loan	0000.00	Cumulative I	Payment To D	ate Ba	alance Outstandin		This Pe 00.00
TERMS			7	<u> </u>	9	9	
Date Incurred	14 Y	M M / D	Date Due	Interest Ra		r) Secure	X
List All Endorsers or Guaranto	ors (if any) t	to Loan Sourc					,3
1. Full Name (Last, First, Midd	le Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle	e Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7		
3. Full Name (Last, First, Middle	e Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9 9		
4. Full Name (Last, First, Middle	e Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y		
JBTOTALS This Period This Pag					· · · · ·	7	00.00 50.00