FFC I	AND DIS	-	ECEIPTS EMENTS	Office	Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRIN	Τ ▼	Example: If typing, type over the lines.	12FE4M5	
	RESS				
ADDRESS (number and street)	PO BOX 243				
Check if different than previously reported. (ACC)	SILVA			MO 63964	
2. FEC IDENTIFICATION N	IUMBER 🔻	CITY	<b></b>	STATE	ZIP CODE
C C00549287		3. IS THIS REPOR	~	AMENDED (A)	STATE ▼ DISTRICT
<ul> <li>4. TYPE OF REPORT (C</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly</li> <li>July 15 Quarterly</li> <li>October 15 Quart</li> <li>January 31 Year-E</li> <li>Termination Report</li> </ul>	Report (Q1) Report (Q2) erly Report (Q3) and Report (YE)	Election	POST-Election Report for the General (30G)	General (12G) Special (12S)	Runoff (12R) in the MO State of MO Special (30S) in the State of
5. Covering Period	M / D D / 01	Y Y Y Y 2014	through 07		Y Y Y 2014
I certify that I have examined t Type or Print Name of Treasure			ny knowledge and belief it is	true, correct and com	plete.
Signature of Treasurer	. Chuck Banks		[Electronically Filed]	Date	24 / Y Y Y Y 2014
NOTE: Submission of false, erro	neous, or incomple	ete information i	may subject the person signing	g this Report to the per	nalties of 2 U.S.C. §437g.
FE5AN018					EC FORM 3 Revised 02/2003)

PAGE 1 / 16

Γ	-	FEC Form 3 (Revised 02/2003)	<b>SUMMARY PAGE</b> of Receipts and Disbursements	PAGE 2 / 16
		or Type Committee Name OCKER IN CONGRESS		
R	epor	t Covering the Period: From:	07 / 01 / Y Y Y Y 01 Z014 To	: 07 / D D / Y Y Y Y 16 / 2014
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	1335.00	21767.00
	(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))	1335.00	21767.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	3125.00	67214.20
	(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))	3125.00	67214.20
8.		sh on Hand at Close of porting Period (from Line 27)	5202.80	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on nedule C and/or Schedule D)	50650.00	

## For further information contact:

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

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

Image# 14942371260

FEC Form 3 (Revised 12/2003) Write or Type Committee Name	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 16
STOCKER IN CONGRESS		
Report Covering the Period: From:	07 / 01 / Y Y Y Y 2014 To:	M         M         /         D         D         /         Y
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM	:	
<ul> <li>(a) Individuals/Persons Other Than</li> <li>Political Committees</li> <li>(i) Itemized (use Schedule A)</li> </ul>	1000.00	15500.00
(ii) Unitemized	335.00	3767.00
(iii) TOTAL of contributions from individuals	1335.00	19267.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	<u> </u>
(such as PACs)	0.00	2500.00
<ul><li>(d) The Candidate</li><li>(e) TOTAL CONTRIBUTIONS</li></ul>	0.00	0.00
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1335.00	21767.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	50650.00
(b) All Other Loans (c) TOTAL LOANS	0.00	0.00
(add Lines 13(a) and (b))	0.00	50650.00
14. OFFSETS TO OPERATING EXPENDITURES	0.00	0.00
(Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	1335.00	72417.00

FE5AN018

Image# 14942371261

of Disbursements PAGE 4 / 16 FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 3125.00 67214.20 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 3125.00 67214.20 (add Lines 17, 18, 19(c), 20(d), and 21)

## **III. CASH SUMMARY**

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	6992.80
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	1335.00
25.	SUBTOTAL (add Line 23 and Line 24)	8327.80
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	3125.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	5202.80

## Image# 14942371262

## **DETAILED SUMMARY PAGE**

I

SCHEDULE A (FEC Form 3)				FOR LINE NUMBER: PAGE 5 OF 16		
			Use separate schedule(s)	(check only one)		
			for each category of the Detailed Summary Page	X 11a 11b 11c 11d		
			Detailed Summary Page	12 13a 13b 14 15		
				person for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	e name and	address of any political committe	ee to solicit contributions from such committee.		
$\square$	NAME OF COMMITTEE (In Full)					
$ \rangle$	STOCKER IN CONGRESS					
$\angle$						
	Full Name (Last, First, Middle Initial)					
Α.	Mr. James Becker			Date of Receipt		
	Mailing Address 94 Juniper Rd					
				07 09 2014		
	City	State	Zip Code	Transaction ID : SA11AI.4313		
	Belmont	MA	02478			
	FEC ID number of contributing	0				
	federal political committee.	С		Amount of Each Receipt this Period		
				250.00		
	Name of Employer	Occupation	n			
	Skanska USA Building	contractor		contribution		
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary General			1		
	Other (specify)		250.00			
			, , ,	-		
	Full Name (Last, First, Middle Initial)					
В.	Ms Susan Kay			Date of Receipt		
υ.	Mailing Address 2640 Benedict Canyon Dr.			M M / D D / Y Y Y Y		
				07 09 2014		
	City	State	Zip Code	Transaction ID : SA11AI.4311		
	Beverly Hills	CA	90210			
	FEC ID number of contributing					
	federal political committee.	С		Amount of Each Receipt this Period		
				500.00		
	Name of Employer	Occupation	n			
	none	not employ	ed	contribution		
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary General			1		
	Other (specify)		500.00			
_						
	Full Name (Last, First, Middle Initial)					
C.	Mr. Martin Michel			Date of Receipt		
	Mailing Address 6741 Heritage Dr			M M / D D / Y Y Y Y		
	01	01-11-	7	07 08 2014		
	City	State MO	Zip Code	Transaction ID : SA11AI.4315		
	Poplar Bluff	IVIO	63961			
	FEC ID number of contributing	$\mathbf{c}$				
	federal political committee.	С		Amount of Each Receipt this Period		
		Oceanie	-	250.00		
	Name of Employer	Occupation				
	Key Drugs	Pharmacis		contribution		
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary General		250.00	1		
	Other (specify)		230.00			
_						
				1000.00		
5	SUBTOTAL of Receipts This Page (optional)			1000.00		
				1000.00		
1	<b>COTAL</b> This Period (last page this line number	only)		1000.00		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)		
STOCKER IN CONGRESS		
Full Name (Last, First, Middle Initial) <b>A. Bulldog Financial Group</b>		Date of Disbursement
Mailing Address 1250 Connecticut Ave NW Suite 200		07 02 2014
City State Washington DC	Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement management	00	3125.00 Transaction ID : SB17.4319
Candidate Name STOCKER IN CONGRESS	Categ Typ	
Office Sought: X House Disbursement For Senate President Other (s	General	
State: MO District: 08 Full Name (Last, First, Middle Initial)		
B		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Categ Typ	
Office Sought: House Disbursement For Senate Primary President Other (s	General	
State: District: Full Name (Last, First, Middle Initial)		
C. Mailing Address		Date of Disbursement
City State Zi	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Categ Typ	
Office Sought: House Disbursement For Senate President Other (s State: District:	General	
SUBTOTAL of Disbursements This Page (optional)		3125.00
TOTAL This Period (last page this line number only)		3125.00

Image# 14942371265				r	
SCHEDULE C (FEC	Form 3)			Use separate schedul	PAGE 7 OF 16
LOANS				for each category of Detailed Summary Pa	the (check only one) X 13a
NAME OF COMMITTEE (In FU				Transa	action ID : SC/10.4117
LOAN SOURCE Full Nar	ne (Last, First, Mic	Idle Initial)			Election: 2014
Mrs. Barbara H Sto	cker				Primary General
Mailing Address 2518 Meredith Dr					Other (specify)
City		State	ZIP Code	9	
DeSoto		MO	63020		
Original Amount of Loan	5000.00	Cumulative Pay	yment To D	o.00 Bal	lance Outstanding at Close of This Period 5000.00
7 7		9	7		3 3
TERMS Date Incur	red	D	ate Due	Interest Rat	te Secured:
M 08 / D 20 /	2013	M M / D D	/ Y Y	N/A <sup>Y</sup> Y 0.0	
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 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:	y 1 y 1 x 1
SUBTOTALS This Period Thi TOTALS This Period (last pa				· _	5000.00
Carry outstanding balance of	only to LINE 3, Sch	edule D, for this	s line. If no	Schedule D, carry for	ward to appropriate line of Summary.

age# 14942371266			<u>.</u>
HEDULE C (FEC Form 3) DANS		Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) X 13a
ME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.4119
LOAN SOURCE Full Name (Last, First, Mi Mrs. Barbara H Stocker	iddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2518 Meredith Dr			Other (specify)
City	State ZIP Co	de	
DeSoto	MO 63020		
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Per
150.00		0.00	150.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
$\begin{array}{c} M_{08} \\ M_{08} \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D_{30} \\ 30 \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} \gamma \\ 2013 \\ \end{array} \begin{array}{c} \gamma \\ \gamma \\ \end{array} \begin{array}{c} \gamma \\ 2013 \\ \end{array} \begin{array}{c} \gamma \\ \gamma \\ \end{array} $	M M / D D / Y	Ň/А <sup>Y</sup> <sup>Y</sup> 0.00	
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
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 1 1 9 1 1 1
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:	g 1 1 g 1 1 x 1
JBTOTALS This Period This Page (optional)		······ ►	150.00
OTALS This Period (last page in this line on Carry outstanding balance only to LINE 3, Sc			7 7 7 7 <b>*</b>

nage# 14942371267				
CHEDULE C (FEC DANS	Form 3)		Use separate schedu for each category of Detailed Summary Pa	the (check only one) X 13a
AME OF COMMITTEE (In Fu STOCKER IN CONG			Transa	action ID : SC/10.4120
LOAN SOURCE Full Nam Mrs. Barbara H Sto		Idle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2518 Meredith Dr				Other (specify) V
City		State ZI	P Code	
DeSoto		MO 63	3020	
Original Amount of Loan	5000.00	Cumulative Payme	nt To Date Ba	lance Outstanding at Close of This Perio
TERMS		<u> </u>	<u> </u>	9 9 4
Date Incurr	ed Ý Ž013 Ý	Date	Due Interest Ra	
List All Endorsers or Gua	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:	
2. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	g 1 g 1 m
3. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9 1 1 1
SUBTOTALS This Period Thi				5000.00
Carry outstanding balance o	nly to LINE 3, Sch	edule D, for this lin	e. If no Schedule D, carry fo	rward to appropriate line of Summary.

mage# 14942371268			
CHEDULE C (FEC Form 3) OANS		Use separate schedule for each category of th Detailed Summary Pag	le (check only one) X 13a
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		 Transac	tion ID : SC/10.4181
LOAN SOURCE Full Name (Last, First, Mide Mrs. Barbara H Stocker	dle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2518 Meredith Dr			Other (specify)
City	State ZIP Co	de	
DeSoto	MO 63020		
Original Amount of Loan 6000.00	Cumulative Payment To	Date Bala 0.00	nce Outstanding at Close of This Period 6000.00
TERMS       Date Incurred         M 10       /       29       /       Y       2013       Y         List All Endorsers or Guarantors (if any) to		Interest Rate 2/31/2014 <sup>×</sup> 0.00	
1. Full Name (Last, First, Middle Initial)	Loan Source	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	g - 1 - 1 - 1 - 1 - 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:	9 1 9 1 1 1
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:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Sche		······	6000.00

nage# 14942371269			
CHEDULE C (FEC Form 3) OANS		Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) X 13a
IAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transac	tion ID : SC/10.4182
LOAN SOURCE Full Name (Last, First, Mic Mrs. Barbara H Stocker	ddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2518 Meredith Dr			Other (specify)
City	State ZIP Co	de	
DeSoto	MO 63020		
Original Amount of Loan 6000.00	Cumulative Payment To	Date Balar	nce Outstanding at Close of This Period 6000.00
TERMS       Date Incurred         M 11       /       27 <sup>D</sup> /       Y       2013       Y         List All Endorsers or Guarantors (if any) t		Interest Rate 2/31/2014 <sup>×</sup> 0.00	
1. 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
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:	y 1 1 y 1 1 x 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · ·
SUBTOTALS This Period This Page (optional). TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Scl	y)		6000.00

mage# 14942371270			
CHEDULE C (FEC Form 3) OANS		Use separate schedule(s for each category of the Detailed Summary Page	(check only one) X 13a
IAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transacti	on ID : SC/10.4204
LOAN SOURCE Full Name (Last, First, M Mrs. Barbara H Stocker	iddle Initial)	[PERSONAL FUNDS]	Election: 2014 X Primary General
Mailing Address 2518 Meredith Dr			Other (specify)
City	State ZIP Co	de	
DeSoto	MO 63020		
Original Amount of Loan 3000.00	Cumulative Payment To	Date Baland	ce Outstanding at Close of This Period 3000.00
TERMS Date Incurred	Date Due	Interest Rate 2/31/2014 0.00	Secured: % (apr)
List All Endorsers or Guarantors (if any)	to Loan Source		100 100
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 1 1 y 1 1 x 1
3. 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
4. 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
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line on Carry outstanding balance only to LINE 3, Sc	ly)		3000.00

nage# 14942371271			
CHEDULE C (FEC Form 3) DANS		Use separate schedule(s) for each category of the Detailed Summary Page	
AME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transactio	on ID : SC/10.4205
LOAN SOURCE Full Name (Last, First, Mi Mrs. Barbara H Stocker	ddle Initial)	[	Election: 2014 X Primary General
Mailing Address 2518 Meredith Dr			Other (specify) <b>v</b>
City	State ZIP Co	de	
DeSoto	MO 63020		
Original Amount of Loan	Cumulative Payment To	Date Balance	ce Outstanding at Close of This Period 10000.00
TERMS     Date Incurred       M03 <sup>M</sup> /     04 <sup>D</sup> /     Y     Y014     Y	Date Due	Interest Rate 2/31/2014 <sup>×</sup> 0.00	Secured: % (apr)
List All Endorsers or Guarantors (if any) t	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 y y y
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y 1 1 y 1
SUBTOTALS This Period This Page (optional). FOTALS This Period (last page in this line onl Carry outstanding balance only to LINE 3, Sc	y)		10000.00

mage# 14942371272			
CHEDULE C (FEC Form 3) OANS		Use separate scheduler for each category of th Detailed Summary Pag	(check only one) X 13a
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transact	tion ID : SC/10.4294
LOAN SOURCE Full Name (Last, First, Middle In Mrs. Barbara H Stocker	nitial)	[PERSONAL FUNDS]	Election: 2014 X Primary General
Mailing Address 2518 Meredith Dr			Other (specify)
City State	ZIP Code	e	
DeSoto MO	63020		
Original Amount of Loan Cum 5000.00	nulative Payment To D	Date Balar	nce Outstanding at Close of This Period 5000.00
TERMS Date Incurred M04 <sup>M</sup> / D25 <sup>D</sup> / Y 2014 <sup>Y</sup> M M	Date Due	Interest Rate 31/2014 <sup>v</sup> 0.00	% (apr)
List All Endorsers or Guarantors (if any) to Loa	n Source		Yes No
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP	2 Code	Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP	P Code	Amount Guaranteed Outstanding:	9 1 9 1 1 1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP	<sup>o</sup> Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP	P Code	Amount Guaranteed Outstanding:	9 1 9 1 4 1
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule			5000.00

LOANS       fr         NAME OF COMMITTEE (In Full)       STOCKER IN CONGRESS         LOAN SOURCE Full Name (Last, First, Middle Initial)       [Pi         Mrs. Barbara H Stocker       Mailing Address         2518 Meredith Dr       City       State       ZIP Code         DeSoto       MO       63020         Original Amount of Loan       Cumulative Payment To Date         1       Date Incurred       Date Due         Mo5       28       2014       M       1       12/31/21         List All Endorsers or Guarantors (if any) to Loan Source       1. Full Name (Last, First, Middle Initial)       Nam         Mailing Address       Occu       Occu       Occu       Occu         City       State       ZIP Code       Occu         2. Full Name (Last, First, Middle Initial)       Nam       Occu         2. Full Name (Last, First, Middle Initial)       Nam       Occu	Jse separate schedule(s) or each category of the Detailed Summary Page       FOR LINE NUMBER: (check only one)       X       13a         Transaction ID : SC/10.4295
STOCKER IN CONGRESS         LOAN SOURCE Full Name (Last, First, Middle Initial)       [PI         Mrs. Barbara H Stocker       Mailing Address       2518 Meredith Dr         City       State       ZIP Code         DeSoto       MO       63020         Original Amount of Loan       Cumulative Payment To Date         Image: State       Date Incurred       Date Due         Mo5 <sup>M</sup> 28 <sup>D</sup> Y       2014       Y       M       Y       Y       Y12/31/20         List All Endorsers or Guarantors (if any) to Loan Source       1. Full Name (Last, First, Middle Initial)       Name       Amode Gua         City       State       ZIP Code       Quarantors       Quarantors       Quarantors         1. Full Name (Last, First, Middle Initial)       Name       Amode Quarantors       Quarantors       Quarantors         2. Full Name (Last, First, Middle Initial)       Name       Name       Quarantors       Quarantors         2. Full Name (Last, First, Middle Initial)       Name       Name       Quarantors       Quarantors         2. Full Name (Last, First, Middle Initial)       Name       Name       Quarantors       Quarantors         2. Full Name (Last, First, Middle Initial)       Name       Name       Quarantors <th></th>	
Mrs. Barbara H Stocker         Mailing Address         2518 Meredith Dr         City       State       ZIP Code         DeSoto       MO       63020         Original Amount of Loan       Cumulative Payment To Date         Image: State       B000.00         TERMS       Date Incurred       Date Due         Image: State       City         Image: State       ZIP Code         Image: City       State       ZIP Code	
2518 Meredith Dr         City       State       ZIP Code         DeSoto       MO       63020         Original Amount of Loan       Cumulative Payment To Date         8000.00       Example       Date Due         MO5 <sup>M</sup> / D28 <sup>D</sup> / Y2014 Y       M M / D D / Y12/31/20         List All Endorsers or Guarantors (if any) to Loan Source       1. Full Name (Last, First, Middle Initial)       Name         Mailing Address       Occi       Amod         City       State       ZIP Code       Outs         2. Full Name (Last, First, Middle Initial)       Name       Name	ERSONAL FUNDS] Election: 2014 Primary General
DeSoto       MO       63020         Original Amount of Loan       Cumulative Payment To Date         8000.00       Image: Comparison of the payment of the pa	Other (specify)
Original Amount of Loan       Cumulative Payment To Date         8000.00       Bate Incurred       Date Due         M05       28       Y       2014       M       Y       D       Y       Y       Y         List All Endorsers or Guarantors (if any) to Loan Source       1. Full Name (Last, First, Middle Initial)       Nam         Mailing Address       Occol       Amo         City       State       ZIP Code       Qua         2. Full Name (Last, First, Middle Initial)       Nam	
8000.00         TERMS       Date Incurred       Date Due         M 05 <sup>M</sup> D 28 <sup>D</sup> Y 2014       M M Y       D D       Y 12/31/20         List All Endorsers or Guarantors (if any) to Loan Source       I. Full Name (Last, First, Middle Initial)       Name         Mailing Address       Occi       Occi       Amo         City       State       ZIP Code       Gua         2. Full Name (Last, First, Middle Initial)       Name       Name	
Date Incurred       Date Due         M 05 <sup>M</sup> P 28 <sup>D</sup> Y 2014 Y       M M / P P / Y12/31/20         List All Endorsers or Guarantors (if any) to Loan Source       I. Full Name (Last, First, Middle Initial)       Nam         Mailing Address       Occi       Amo         City       State       ZIP Code       Gua         2. Full Name (Last, First, Middle Initial)       Nam	Balance Outstanding at Close of This Period 0.00 8000.00
1. Full Name (Last, First, Middle Initial)       Name         Mailing Address       Occord         City       State       ZIP Code         Quad       Outs         2. Full Name (Last, First, Middle Initial)       Name	Interest Rate Secured:
1. Full Name (Last, First, Middle Initial)       Name         Mailing Address       Occord         City       State       ZIP Code         Quad       Outs         2. Full Name (Last, First, Middle Initial)       Name	Yes No
Mailing Address       Occur         Amo       Amo         City       State       ZIP Code         Qual       Outs         2. Full Name (Last, First, Middle Initial)       Name	ne of Employer
City     State     ZIP Code     Gua Outs       2. Full Name (Last, First, Middle Initial)     Name	upation
	ount ranteed standing:
	ne of Employer
Mailing Address Occ	upation
State ZIF COUE	ount ranteed standing:
3. Full Name (Last, First, Middle Initial) Nam	ne of Employer
Mailing Address Occ	upation
	ount ranteed standing:
4. Full Name (Last, First, Middle Initial) Nam	ne of Employer
Mailing Address Occ	upation
	ount ranteed standing:
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	

Image# 14942371274			
SCHEDULE C (FEC Form 3) LOANS		Use separate schedule(s for each category of the Detailed Summary Page	(check only one) (X 13a
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transacti	on ID : SC/10.4296
LOAN SOURCE Full Name (Last, First Mrs. Barbara H Stocker	t, Middle Initial)	[PERSONAL FUNDS]	Election: 2014 X Primary General
Mailing Address 2518 Meredith Dr			Other (specify)
City	State ZIP C	ode	
DeSoto	MO 63020	)	
Original Amount of Loan 2500.00	Cumulative Payment T	o Date Balan 0.00	ce Outstanding at Close of This Period 2500.00
TERMS       Date Incurred         M06       /       30       /       Y       2014       Y         List All Endorsers or Guarantors (if a		e Interest Rate 12/31/2014 0.00	Secured: % (apr) Yes No
1. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address	y	Occupation	
City Sta	te 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 Sta	te ZIP Code	Amount Guaranteed Outstanding:	y
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	y 1 y y 1 y x 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	y 1 (y 1 (x 1
SUBTOTALS This Period This Page (option TOTALS This Period (last page in this line Carry outstanding balance only to LINE 3	e only)	······	2500.00 50650.00