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Image# 15950120391

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An		ized Comr	nittee	'		Office	e Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRI	NT ▼		mple: If typing	g, type	12FE4M	5	
STOCKER IN	CONG	SRESS							ı
ADDRESS (number ar	nd street)	PO BOX 243							
Check if di	ferent								
than previo reported. (A		SILVA					MO	63964	
2. FEC IDENTIFIC	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE A STATE ▼ DISTRICT
C C005492	37			IS THIS REPORT	× NEW (N)	OR	AMENI (A)	DED	MO 08
			1						
4. TYPE OF RE	•	Choose One)	(b)	12-Day PRE -	Election Repo	rt for the:			
(a) Quarterly R	eports:				Primary (12P)		General (12G)	Runoff (12R)
April 15	Quarterl	y Report (Q1)		П	Convention (1	130)	Special (1	126)	_
July 15	Quarterly	Report (Q2)			Convention	120)	Special (120)	
Octobe	r 15 Qua	rterly Report (Q3)		Election on	M M /	D D /	Y Y Y Y		in the State of
× January	/ 31 Year-	-End Report (YE)	(c) 3		-Election Rep	ort for the:			
					General (30G		Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D " D /	YYYY		in the State of
5. Covering Period	N	111 / 25		014 Y	through	M M M 12	/ 31 /		Y Y Y Y 2014
I certify that I have e	examined	this Report and	to the be	est of my kno	wledge and b	pelief it is tr	ue, correct an	d com	plete.
Type or Print Name	of Treasu	Mr. Chuck E	anks						
Signature of Treasure	er <u>M</u>	1r. Chuck Banks			Electronically F	Filed]	Date 01	/	28 / Y Y Y Y Y Y 2015
NOTE: Submission of	false, err	oneous, or incomp	lete infor	mation may s	ubject the per	son signing t	this Report to t	the per	nalties of 2 U.S.C. §437g.
Office Use								FI	EC FORM 3
Only Only									Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

STOCKER IN CONGRESS

12 31 2014 25 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 102.37 23392.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 102.37 23392.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 10605.83 72700.56 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 10605.83 72700.56 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 55934.72 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 200650.00 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

STOCKER IN CONGRESS

25 2014 12 31 2014 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	102.37	15750.00
	(ii) Unitemized	0.00	5142.00
	(iii) TOTAL of contributions from individuals	102.37	20892.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	2500.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	102.37	23392.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	50650.00
	(b) All Other Loans(c) TOTAL LOANS	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	50650.00
	OFFSETS TO OPERATING EXPENDITURES	0.00	
	(Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	102.37	74042.00

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	10605.83	72700.56
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:		
_0.	(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
<u> </u>	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	10605.83	72700.56
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	66438.18
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	102.37
25.	SUBTOTAL (add Line 23 and Line 24)		66540.55
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	10605.83
27.	CASH ON HAND AT CLOSE OF REPORTIN	G PERIOD	55934.72

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

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

FOR	FOR LINE NUMBER:				PAGE	:	5	OF	18
(che	ck only	or	ne)						
X	11a		11b		11c		11	d	_
	12		13a		13b		14	ļ.	15

Ar or	for commercial purposes, other than using the	Statements may not be sold or used by any pele name and address of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
V	STOCKER IN CONGRESS		
	Full Name (Last, First, Middle Initial) Oregon County Central Committee		
A.	Mailing Address RR1 BOX 149		Date of Receipt
			12 03 2014
	City	State Zip Code	Transaction ID : SA11AI.4492
	Koshkonong	MO 65692	
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
			102.37
	Name of Employer	Occupation	contribution
	Receipt For: 2014	Election Cycle-to-Date	
	Primary X General	Election Cycle to Bate	
	Other (specify)	247.37	
_	Full Name (Last, First, Middle Initial)		
В.			Date of Receipt
	Mailing Address		M M / D D / Y Y Y Y
	City	State Zip Code	
	FEC ID number of contributing		Amount of Foob Possint this Poving
	federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For:	Election Cycle-to-Date	
	Primary General	Election Cycle to Bate	
	Other (specify)	, ,	
_	Full Name (Last, First, Middle Initial)		Date of Passint
C.	Mailing Address		Date of Receipt
			M M / D D / Y Y Y Y
	City	State Zip Code	
	FEC ID number of contributing		Accorded Foods Booking this Booking
	federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For:	Election Cycle-to-Date	
	Primary General		
	Other (specify)		
Γ	<u> </u>		102.37
S	SUBTOTAL of Receipts This Page (optional)		.02.01
,	OTAL This Period (last page this line number of	only)	102.37

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	FOR LINE NUMBER: (check only one)					OF	18
Use separate schedule(s)	(check on							
for each category of the Detailed Summary Page	X	17		18		19a]19b
Detailed Suffiffally 1 age		20a		20b		20c		21
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.								

		Detailed Summar	y Page	20a 20b 20c 21
	ry information copied from such Reports and Statements may for commercial purposes, other than using the name and			
	NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS			
	Full Name (Last, First, Middle Initial)			B . (B)
A.	Arnold Printing			Date of Disbursement
	Mailing Address 1616-A Jeffco Blvd			12 03 2014
	City State Arnold MO	Zip Code		Amount of Each Disbursement this Period
	Arnold MO Purpose of Disbursement	63010		178.78
	printing		001	Transaction ID : SB17.4494
	Candidate Name STOCKER IN CONGRESS		Category/ Type	
	Office Sought: House Senate President State: MO Disbursement For Primary Other (s	X General		
В.	Full Name (Last, First, Middle Initial) Mr. Chuck Banks			Date of Disbursement
	Mailing Address H.C.1 BOX 1550			11 30 7 2014
	City State	Zip Code		Amount of Each Disbursement this Period
	Silva MO	63964		5000.00
	Purpose of Disbursement management		001	5000.00 Transaction ID : SB17.4493
	Candidate Name STOCKER IN CONGRESS		Category/ Type	
	Office Sought: House Disbursement For	Maria General		
	Full Name (Last, First, Middle Initial)			
C.	Mr. Chuck Banks			Date of Disbursement
	Mailing Address H.C.1 BOX 1550			12 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		p Code		Amount of Each Disbursement this Period
		3964		5000.00
	Purpose of Disbursement management		001	
	Candidate Name		Category/	Transaction ID : SB17.4496
	STOCKER IN CONGRESS Office Sought:	2014	Туре	
	Senate Primary Other (s	X General		
Г	•			10178.78
S	UBTOTAL of Disbursements This Page (optional)			
Т	OTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBER	R:	PA	ΙGΕ	7	OF	18
Use separate schedule(s)	(check on							
for each category of the Detailed Summary Page	X]17 [1	8		19a] 19b
Detailed Suffiffiary Fage		20a	2	20b		20c		21

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) STOCKER IN CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement A. Ozark County Times 2014 Mailing Address 36 Court Sq 12 28 Zip Code City State Amount of Each Disbursement this Period MO Gainesville 65655 Purpose of Disbursement 427.05 advertising 004 Transaction ID: SB17.4495 Candidate Name Category/ STOCKER IN CONGRESS Type 2014 Office Sought: House Disbursement For: Senate Primary ✓ General Other (specify) President MO State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House Senate General Primary President Other (specify) State: District: 427.05 SUBTOTAL of Disbursements This Page (optional)..... 10605.83 TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: (check only one)

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o Aito		Detailed Summary Pa	Page 13b			
AME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transa	eaction ID : SC/10.4117			
LOAN SOURCE Full Name (Last, First, Middle In Mrs. Barbara H Stocker Mailing Address	itial)		Election: 2014 Primary General Other (appoint)			
2518 Meredith Dr			Other (specify)			
City State		de				
DeSoto MO	63020					
Original Amount of Loan Cum 5000.00	nulative Payment To	0.00	alance Outstanding at Close of This Period 5000.00			
TERMS Date Incurred M 08 / D20 / Y 2013 Y M M M	Date Due	Interest Ra				
List All Endorsers or Guarantors (if any) to Loan 1. Full Name (Last, First, Middle Initial)	n Source	Name of Employer				
Mailing Address		Occupation				
City State ZIP	Code	Amount Guaranteed Outstanding:	9 9 9			
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State ZIP	Code	Amount Guaranteed Outstanding:	7 7 7			
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:	7			
	UBTOTALS This Period This Page (optional)					
FOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If r	no Schedule D, carry for	orward to appropriate line of Summary.			

Use separate schedule(s) for each category of the

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JAN5		Detailed Summary Page	crieck only one)
AME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transacti	ion ID : SC/10.4119
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 Cod	de	
DeSoto	MO 63020		
Original Amount of Loan	Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period
150.00	2 9	0.00	150.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 30 / Y 2013	/ M / D D / Y	N/A O.00	% (apr)
List All Endorsers or Guarantors (if any) to	Loan Source		Yes No
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (optional)		· · ·	150.00
TOTALS This Period (last page in this line only)			7
Carry outstanding balance only to LINE 3, Scho	edule D, for this line. If r	no Schedule D, carry forwa	ard to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4120 NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mrs. Barbara H Stocker General Mailing Address Other (specify) \blacktriangledown 2518 Meredith Dr City State ZIP Code MO 63020 DeSoto Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D 17 2013 0.00 N/A % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4181 NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mrs. Barbara H Stocker General Mailing Address Other (specify) \blacktriangledown 2518 Meredith Dr City State ZIP Code MO 63020 DeSoto Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 10^M ^D29^D 2013 12/31/2014 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 Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4182 NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mrs. Barbara H Stocker General Mailing Address Other (specify) \blacktriangledown 2518 Meredith Dr City State ZIP Code MO 63020 DeSoto Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} 2013 12/31/2014 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 Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4204 NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mrs. Barbara H Stocker General Mailing Address Other (specify) \blacktriangledown 2518 Meredith Dr City State ZIP Code MO 63020 DeSoto Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01 ^M ^D30 ž014 0.00 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4205 NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mrs. Barbara H Stocker General Mailing Address Other (specify) \blacktriangledown 2518 Meredith Dr City State ZIP Code MO 63020 DeSoto Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 ^M 03^M ž014 0.00 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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		Detailed Summary F		13b
IAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Trans	saction ID : SC/10.4294	
LOAN SOURCE Full Name (Last, First, Min Mrs. Barbara H Stocker	ddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address 2518 Meredith Dr			Other (specify)	
City	State ZIP Cod	de		
DeSoto	MO 63020			
Original Amount of Loan 5000.00	Cumulative Payment To	Date B	alance Outstanding at Close of 7	This Period
Date Incurred M 04	Date Due	Interest R /31/2014 0	ate Secured .00 % (apr)	X
List All Endorsers or Guarantors (if any) t	o Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional). TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Sci	y)	<u>,</u>	7 7 7	0.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4295 NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mrs. Barbara H Stocker General Mailing Address Other (specify) \blacktriangledown 2518 Meredith Dr City State ZIP Code MO 63020 DeSoto Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 8000.00 0.00 8000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M ^D28^D ž014 12/31/2014 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 Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 8000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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	13b

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Detailed Summary Page Transaction ID: SC/10.4296 NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mrs. Barbara H Stocker General Mailing Address Other (specify) \blacktriangledown 2518 Meredith Dr City State ZIP Code MO 63020 DeSoto Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D30 ^M06^M ž014 12/31/2014 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 Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4414 NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Mrs. Barbara H Stocker ★ General Mailing Address Other (specify) \blacktriangledown 2518 Meredith Dr City State ZIP Code MO 63020 DeSoto Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 150000.00 0.00 150000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M ^D 11 ž014 0.00 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 150000.00 TOTALS This Period (last page in this line only) 200650.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.