FFC I	AND DIS	BURSE			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	•		ng, type	12FE4M5	
FORM 3 APP OF An Authorized Committee Onto Use Only 1. NAME OF COMMITTEE (in full) TYPE OR PRINT * Example: If typing, type over the lines. 12FE4M5 STOCKER IN CONCRESS						
FEC FORM 3 AND DISBURSEMENTS For An Authorized Committee Otto: Use Only 1. NAME OF COMMITTEE (n. full) TYPE OR PRINT * Example: If byping, type over the lines. 12FE4M5 STOCKER IN CONCRESS						
FEC PORM 3 AND DISBURSEMENTS For An Authorized Committee Otto: Use Only 1. NAME OF COMMITTEE (in full) TYPE OR PRINT * Example: If typing, type over the lines. 12 EE 4M5 STOCKER IN CONCRESS						
	IUMBER 🔻					ZIP CODE
C C00549287						MO 08
 (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quart January 31 Year-E 	Report (Q1) Report (Q2) erly Report (Q3) ind Report (YE)	Election (c) 30-Day P	Primary (12) Convention on OST-Election Re General (30	P) (12C) / D D / eport for the G)	Special (12S)	in the State of Special (30S) in the
5. Covering Period			through	M 11		
-		-	knowledge and	belief it is	true, correct and con	nplete.
FORM 3 ANDEDSEDIENTS For An Authorized Committee Otten Use ON(1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type 12EE4495 STOCKER IN CONGRESS						
	neous, or incomplete	information m	ay subject the pe	erson signing	this Report to the pe	nalties of 2 U.S.C. §437g.
FEC FORM 3 AND DISBURSEMENTS For An Authorized Committee Other Use Only 1. MARE OF COMMITTEE (in full) TYPE OF PRINT V Example: If typing, type I2E24MS STOCKER IN CONGRESS						

PAGE 1 / 22

Ima	age# 14952716463		
	FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 22
	Vrite or Type Committee Name STOCKER IN CONGRESS		
R	Report Covering the Period: From:	10 ^M / D D / Y Y Y Y 10 ^L 16 ^J 2014 To:	11 / D D / Y Y Y Y Y 24 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))	145.00	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))	145.00	23392.00
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	71485.79	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))	71485.79	72700.56
8.	Cash on Hand at Close of Reporting Period (from Line 27)	66438.18	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY		

For further information contact:

200650.00

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

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

the Committee (Itemize all on

Schedule C and/or Schedule D).....

Γ	[DETAILED SUMMARY PAGE of Receipts	
	FEC Form 3 (Revised 12/2003)	of neceipts	PAGE 3 / 22
51	OCKER IN CONGRESS		
Rep	ort Covering the Period: From:	M / D D / Y Y Y Y 0 16 2014 To:	M M / D D / Y Y Y Y 11 24 2014
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. C	CONTRIBUTIONS (other than loans) FROM:		
(8	a) Individuals/Persons Other Than		
,	Political Committees	0.00	15750.00
	(i) Itemized (use Schedule A)		7 7
	(ii) Unitemized	0.00	5142.00
	(iii) TOTAL of contributions from individuals	0.00	20892.00
	b) Political Party Committeesc) Other Political Committees	0.00	0.00
(0	(such as PACs)	145.00	2500.00
1	N The Condidate	0.00	0.00
	d) The Candidate e) TOTAL CONTRIBUTIONS		7 7 7
	(other than loans)	145.00	23392.00
	(add Lines 11(a)(iii), (b), (c), and (d))		23392.00
	RANSFERS FROM OTHER	0.00	0.00
Α		0.00	0.00
13. L	OANS:		
(a	a) Made or Guaranteed by the Candidate	0.00	50650.00
	Curraidute	0.00	
	b) All Other Loans c) TOTAL LOANS	0.00	0.00
(0	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	50650.00
14 0			
	DFFSETS TO OPERATING EXPENDITURES		
(F	Refunds, Rebates, etc.)	0.00	0.00
15. C	THER RECEIPTS		
	Dividends, Interest, etc.)	0.00	0.00
16. T	OTAL RECEIPTS (add Lines		
((1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	145.00	74042.00

Image# 14952716464

of Disbursements PAGE 4 / 22 FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 71485.79 72700.56 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 71485.79 72700.56 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY**

DETAILED SUMMARY PAGE

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	137778.97
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	145.00
25. SUBTOTAL (add Line 23 and Line 24)	137923.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	71485.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	66438.18

Image# 14952716465

IT Ar				FOR LINE NUMBER: PAGE 5 OF 22 (check only one) 11a 11b 11c 11d 11a 11b 11c 11d 11d 12 13a 13b 14 15 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Oregon County Central Committee Mailing Address RR1 BOX 149 City	State	Zip Code	Date of Receipt
	Koshkonong FEC ID number of contributing federal political committee.	C	65692	Amount of Each Receipt this Period
	Name of Employer Receipt For: 2014 Primary X Other (specify)	Occupation Election C	n ycle-to-Date 145.00	145.00
в.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	1	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify)		ycle-to-Date]
C.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee.	Occupation	1	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date]
F	UBTOTAL of Receipts This Page (optional)			145.00

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER: (check only one) PAGE 6 OF 22 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 Mailing Address H.C.1 BOX 1550			Date of Disbursement
	City State Silva MO Purpose of Disbursement	Zip Code 63964		Amount of Each Disbursement this Period
	Candidate Name STOCKER IN CONGRESS		001 Category/ Type	Transaction ID : SB17.4488
	Office Sought: House Disbursement Formary President Other (s. State: MO District: 08	X General		
В.	Full Name (Last, First, Middle Initial) Mike Bell Mailing Address 2023 Grants Valley Ln			Date of Disbursement
	City State Imperial MO Purpose of Disbursement Technology support Candidate Name	Zip Code 63052		Amount of Each Disbursement this Period 1249.00 Transaction ID : SB17.4489
	STOCKER IN CONGRESS Office Sought: House Disbursement Formary Senate President Other (s State: MO District: 08	K General	Category/ Type	
C.	Full Name (Last, First, Middle Initial) Charter Advertising Mailing Address 2091 Corporate Circle			Date of Disbursement
	City State Zip	p Code 3703		Amount of Each Disbursement this Period
	Candidate Name STOCKER IN CONGRESS Office Sought: House Senate President State: MO District: 08	K General	Category/ Type	Transaction ID : SB17.4474
	UBTOTAL of Disbursements This Page (optional)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER: (check only one) PAGE 7 OF 22 X 17 18 19a 19b 20a 20b 20c 21
	ny 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) Cuba Press Mailing Address 501 E Washington Street			Date of Disbursement
	City State Cuba MO Purpose of Disbursement	Zip Code 65453		Amount of Each Disbursement this Period
	advertising Candidate Name STOCKER IN CONGRESS Office Sought: Y House Disbursement For:	• 2014	004 Category/ Type	Transaction ID : SB17.4462
	Senate Primary President Other (s State: MO District: 08	X General		
В.	Full Name (Last, First, Middle Initial) Daily American Republic Mailing Address 208 Poplar Street			Date of Disbursement
	City State Poplar Bluff MO Purpose of Disbursement advertising Image: Compare the state	Zip Code 63901	004	Amount of Each Disbursement this Period 5817.82 Transaction ID : SB17.4476
	Candidate Name STOCKER IN CONGRESS Office Sought: House Disbursement For: Senate President Other (s State: MO District: 08	General	Category/ Type	
C.	Full Name (Last, First, Middle Initial) Dockins Broadcast Group Mailing Address 104 Veterans Dr			Date of Disbursement
	City State Zip	p Code 3640	004	Amount of Each Disbursement this Period
	Candidate Name STOCKER IN CONGRESS Office Sought: House Senate President State: MO District: 08	K General	Category/ Type	Transaction ID : SB17.4457
	UBTOTAL of Disbursements This Page (optional)			8687.32

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each categor Detailed Summar	y of the	FOR LINE NUMBER: (check only one) PAGE 8 OF 22 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) Houston Herald Mailing Address PO BOX 170			Date of Disbursement
	City State Houston MO Purpose of Disbursement advertising	Zip Code 65483		Amount of Each Disbursement this Period
	Candidate Name STOCKER IN CONGRESS Office Sought: X House Disbursement For	: 2014	004 Category/ Type	Transaction ID : SB17.4468
	Senate Primary President Other (s State: MO District: 08 Full Name (Last, First, Middle Initial)	General pecify)		
в.	KFVS Mailing Address 310 BROADWAY			Date of Disbursement
	City State CAPE GIRARDEAU MO Purpose of Disbursement ADVERTISING	Zip Code 63701		Amount of Each Disbursement this Period 20149.25 Transaction ID : SB17.4459
	Candidate Name STOCKER IN CONGRESS Office Sought: House Disbursement For: Senate President Other (s State: MO District: 08	K General	Category/ Type	
C.	Full Name (Last, First, Middle Initial) KFVS Mailing Address 310 BROADWAY			Date of Disbursement
		p Code 3701	004	Amount of Each Disbursement this Period 400.00
	Candidate Name STOCKER IN CONGRESS Office Sought: Senate President State: MO District: 08 Disbursement For: Other (s	X General	Category/ Type	Transaction ID : SB17.4461
s	UBTOTAL of Disbursements This Page (optional)			21587.15
Т	OTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: (check only one) PAGE 9 OF 22 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.				Date of Disbursement
	Mailing Address 503 N Second Street			10 20 2014
	City State Festus MO Purpose of Disbursement	Zip Code 63028		Amount of Each Disbursement this Period
	advertising Candidate Name STOCKER IN CONGRESS		004 Category/ Type	Transaction ID : SB17.4466
	Office Sought: House Disbursement For Senate President Other (s	X General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Full Name (Last, First, Middle Initial)			
В.	Mountain Echo Mailing Address 110 N Main			Date of Disbursement
	City State	Zip Code		Amount of Each Disbursement this Period
	Ironton MO Purpose of Disbursement advertising Image: Comparison of Disbursement advertising	63650	004	588.25
	Candidate Name		Category/ Type	Transaction ID : SB17.4478
	Office Sought: House Disbursement For Senate President Other (s State: District:	General		
	Full Name (Last, First, Middle Initial)			
C.				Date of Disbursement
	Mailing Address 352 Napoleon Street			10 27 2014
		p Code 0802		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising		004	20515.00
	Candidate Name STOCKER IN CONGRESS Office Sought: House Senate President Disbursement For Other (s	X General	Category/ Type	Transaction ID : SB17.4486
s	State: MO District: 08 UBTOTAL of Disbursements This Page (optional)			22662.25
	OTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER: (check only one) PAGE 10 OF 22 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			person for the purpose of soliciting contributions
Α.	Full Name (Last, First, Middle Initial) Ozark County Times Mailing Address 36 Court Sq			Date of Disbursement
	City State Gainesville MO Purpose of Disbursement advertising Candidate Name STOCKER IN CONGRESS	Zip Code 65655	004 Category/	Amount of Each Disbursement this Period 427.05 Transaction ID : SB17.4470
	Office Sought: House Disbursement Formary Senate President Other (s State: MO District: 08 Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) District: 0	General	Туре	
в.	Rolla Daily News Mailing Address 101 West 7th			Date of Disbursement
	City State Rolla MO Purpose of Disbursement advertising MO Candidate Name STOCKER IN CONGRESS	Zip Code 65401	004 Category/ Type	Amount of Each Disbursement this Period 2007.30 Transaction ID : SB17.4472
	Office Sought: House Disbursement Formary Senate President Other (s State: MO District: 08	X General		
C.	Full Name (Last, First, Middle Initial) Southeast Missourian Mailing Address 301 Broadway Street			Date of Disbursement
	Cape Girardeau MO 6 Purpose of Disbursement Advertising	p Code 3701	004	Amount of Each Disbursement this Period 3528.72 Transaction ID : SB17.4484
_	Candidate Name STOCKER IN CONGRESS Office Sought: House Senate President State: MO District: 08	K General	Category/ Type	
	UBTOTAL of Disbursements This Page (optional)			5963.07

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 11 OF 22 (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			person for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial)			
Α.	Wayne County Journal Banner			Date of Disbursement
	Mailing Address 101 Wet Elm			10 20 2014
	City State Piedmont MO	Zip Code 63957		Amount of Each Disbursement this Period
	Purpose of Disbursement advertising		004	1033.00 Transaction ID : SB17.4464
	Candidate Name STOCKER IN CONGRESS		Category/ Type	,
	Office Sought: House Disbursement Formary Senate President Other (s State: MO District: 08	X General		
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			M M / D D / Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			1,,
	Candidate Name		Category/ Type	,,,,,,,,
	Office Sought: House Disbursement For Senate Primary President Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)			
C.				Date of Disbursement
	Mailing Address			
	City State Zi	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			1,
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement For. Senate Primary President Other (s State: District:	General		
				1033.00
	UBTOTAL of Disbursements This Page (optional)			71485.79

age# 14952716473							
CHEDULE C (FEC Fo DANS	orm 3)			Use separate schedu for each category of Detailed Summary Pa	the (che	PAGE 12 R LINE NUMBER: eck only one)	-
ME OF COMMITTEE (In Full)	SS			Transa	ction ID : S	C/10.4117	
LOAN SOURCE Full Name (Mrs. Barbara H Stocke		ddle Initial)			Election:	lary	
Mailing Address 2518 Meredith Dr						er (specify) v	
City		State	ZIP Cod	e			
DeSoto		MO	63020 Payment To [Data Pa	lance Outeta	anding at Close o	
Original Amount of Loan	5000.00		ayment to t	0.00	ance Outsta		5000.00
TERMS Date Incurred			Date Due	Interest Ra	te	Secu	ired:
M 08 / D 20 / Y 2	2013 Y	M M / D	_	N/A ^Y Y 0.0	0	6 (apr)	Yes
List All Endorsers or Guaran		o Loan Sourc					
1. Full Name (Last, First, Mic	dle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	7	
2. Full Name (Last, First, Mide	dle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	9		
3. Full Name (Last, First, Mide	dle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	y	
4. Full Name (Last, First, Mide	dle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
UBTOTALS This Period This Pariod This Page i				·	· · · ·	5	5000.00
Carry outstanding balance only	to LINE 3, Sci	nedule D, for t	his line. If n	o Schedule D, carry for	ward to ap	propriate line of	Summar

age# 14952716474					
CHEDULE C (FEC Form 3) DANS		Use separate schedule for each category of th Detailed Summary Pag	(check only one)		
ME OF COMMITTEE (In Full)		Transaction 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 Peri		
150.00		0.00	150.00		
TERMS Date Incurred	Date Due	Interest Rate	Secured:		
$\begin{array}{c c} M \\ 08 \\ \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 30 \\ \end{array} \right) \\ \left(\begin{array}{c} Y \\ 30 \\ \end{array} \right) \\ \left(\begin{array}{c} Y \\ 2013 \\ \end{array} \right) \\ Y \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2013 \\ \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} Y \\ Y \\ \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y $	M M / D D / Y	Ň/А ^Y ^Y 0.00	₩ (apr) W _{Yes} X		
List All Endorsers or Guarantors (if any)	to Loan Source	1			
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:	9 1 9 1 1 9 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:	y 1 y 1 y 1		
UBTOTALS This Period This Page (optional)		······ ►	150.00		
OTALS This Period (last page in this line on Carry outstanding balance only to LINE 3, Sc					

lmage# 14952716475						
CHEDULE C (FE	C Form 3)			Use separate for each categ Detailed Summ	gory of the	PAGE 14 OF 22 FOR LINE NUMBER: (check only one)
NAME OF COMMITTEE (In STOCKER IN CON	,			·	Transaction	n ID : SC/10.4120
LOAN SOURCE Full N Mrs. Barbara H S		Idle Initial)		[PERSONAL FU		ection: 2014 Primary General
Mailing Address 2518 Meredith Dr						Other (specify)
City		State	ZIP Coo	de		
DeSoto		MO	63020			
Original Amount of Loa	an 5000.00	Cumulative	Payment To	Date 0.00	Balance	Outstanding at Close of This Period 5000.00
TERMS Date Inc	urred		Date Due	Inter	rest Rate	Secured:
M09 ^M / D17 ^D /	Y Ž013 Y	M M / D	D / Y	Ň/A ^Ÿ Ÿ	0.00	₩ (apr) ^{Ves} No
List All Endorsers or C	Juarantors (if any) to	o Loan Sour	rce			105 110
1. Full Name (Last, Fir	st, Middle Initial)			Name of Employe	ər	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
2. Full Name (Last, Firs	t, Middle Initial)			Name of Employe	ər	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		· · · · · · · · ·
3. Full Name (Last, Firs	t, Middle Initial)			Name of Employe	ər	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		· · · · · · · · ·
4. Full Name (Last, Firs	t, Middle Initial)			Name of Employe	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
SUBTOTALS This Period	page in this line only	/)		····· •		5000.00
Carry outstanding balance	e only to LINE 3, Sch	edule D, for	this line. If r	no Schedule D, ca	arry forward	t to appropriate line of Su

Image# 14952716476	
SCHEDULE C (FEC Form 3) LOANS	Use separate schedule(s) for each category of the (check only one)
	Detailed Summary Page
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS	Transaction ID : SC/10.4181
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 Co	ode
DeSoto MO 63020	
Original Amount of Loan Cumulative Payment To 6000.00	0.00 Balance Outstanding at Close of This Period
	7 7 7 7
TERMS Date Incurred Date Due	Interest Rate Secured:
M 10 ^M / D 29 ^D / Y 2013 Y M M / D D / Y1.	2/š1/2014 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
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)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	· · · · · · · · · · · · · · · · · · ·

nage# 14952716477									
CHEDULE C (FEC DANS	Form 3)			Use separate schedu for each category of Detailed Summary Pa	the	FOR LINE NU (check only or			22 13a 13b
AME OF COMMITTEE (In FU STOCKER IN CONG	,			Transa	action I	D : SC/10.4182			
LOAN SOURCE Full Nar Mrs. Barbara H Sto		Idle Initial)		[PERSONAL FUNDS]		tion: 2014 Primary General			
Mailing Address 2518 Meredith Dr						Other (specify)	•		
City		State	ZIP Code	Э					
DeSoto		MO	63020						
Original Amount of Loan	6000.00	Cumulative Pay	ment To D	Date Ba	lance C	Outstanding at C		This I 000.00	
7 7	8000.00		9	0.00		7 7		100.00	
TERMS Date Incurr	red	Da	ate Due	Interest Ra	te		Secur	ed:	
11 27	Ý Ž013 Ý	M M / D D	/ ^Y 12/3	31/2014 [¥] 0.0	00	% (apr)	Y	es	< No
List All Endorsers or Gu		o Loan Source							
1. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	7			
2. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	9			
3. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
4. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	3	9]	
SUBTOTALS This Period Thi				·		7 7 7 7 7	60	000.00	
Carry outstanding balance of	only to LINE 3, Sch	edule D, for this	line. If no	o Schedule D, carry for	ward t	o appropriate	line of	Summ	ary.

age# 14952716478							
HEDULE C (FEC	Form 3)			Use separate schedu for each category of Detailed Summary Pa	the	PAGE 17 FOR LINE NUMBER (check only one)	-
ME OF COMMITTEE (In Fu				Transa	action ID	: SC/10.4204	<u>.</u>
LOAN SOURCE Full Nam Mrs. Barbara H Stor	•	ddle Initial)		[PERSONAL FUNDS]	K	ion: 2014 Primary General	
Mailing Address 2518 Meredith Dr						Other (specify) ▼	
City		State	ZIP Code	9			
DeSoto		MO	63020				
Original Amount of Loan	3000.00	Cumulative Pa	ayment To D	0.00 Ba	lance Ou	utstanding at Close	of This Per 3000.00
7 7		9		0.00		77	
TERMS Date Incurre	ed		Date Due	Interest Ra	te	Sec	ured:
M 01 / 30 / Y	Ž014 Y			31/2014 0.C	00	% (apr)	Yes
List All Endorsers or Gua		o Loan Source					
1. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First, I	Viddle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
3. Full Name (Last, First, I	Viddle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		· · · · ·	
4. Full Name (Last, First, I	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
JBTOTALS This Period This	s Page (optional).			······ •		y 1 y 1	3000.00
OTALS This Period (last pages of the second					rward to	appropriate line o	f Summar

Image# 14952716479							
SCHEDULE C (FEC LOANS	C Form 3)			Use separate schedule for each category of th Detailed Summary Pag	ne (check only one) X 13a		
				Transaction ID : SC/10.4205			
NAME OF COMMITTEE (In I STOCKER IN CONC	,			Transac	tion ID : SC/10.4205		
LOAN SOURCE Full Na	ame (Last, First, Mic	Idle Initial)		[PERSONAL FUNDS]	Election: 2014		
Mrs. Barbara H St	ocker				A Primary General		
Mailing Address 2518 Meredith Dr					Other (specify)		
City		State	ZIP Code	e			
DeSoto		MO	63020				
Original Amount of Loai		Cumulative Pay	vment To D		nce Outstanding at Close of This Period		
	10000.00		9	0.00	10000.00		
TERMS Date Incu	urred	Da	ate Due	Interest Rate	e Secured:		
M03 ^M / D04 ^D /	Y Ž01Ă Y	M M / D D	[/] 12/3	31/2014 ^Y 0.00			
List All Endorsers or G	uarantors (if any) to	o Loan Source					
1. Full Name (Last, Firs	t, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	g		
2. Full Name (Last, First	, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
011				Amount Guaranteed			
City	State	ZIP Code		Outstanding:	9 9 9		
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:	g 1 g 1 m		
SUBTOTALS This Period T				H	10000.00		
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	line. If no	o Schedule D, carry form	vard to appropriate line of Summary.		

SCHEDULE C (FEC Form 3) LOANS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 13a Transaction ID : SC/10.4294
NAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4294
STOCKER IN CONGRESS	
LOAN SOURCE Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker	[PERSONAL FUNDS] Election: 2014 Primary General
Mailing Address 2518 Meredith Dr	Other (specify)
CityStateZIP CDeSotoMO63020	
Original Amount of Loan Cumulative Payment To	o Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
Date Incurred Date Date Due M04 / 25 / Y Y M / D / Y	e Interest Rate Secured: 12/Š1/2014 ^Y 0.00 % (apr) Ves No
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If	

Image# 14952716481					
SCHEDULE C (FEC LOANS	; Form 3)			Use separate schedule for each category of t Detailed Summary Pag	the (check only one) X 13a
NAME OF COMMITTEE (In F STOCKER IN CONC	,			Transad	ction ID : SC/10.4295
LOAN SOURCE Full Na Mrs. Barbara H St	• • •	dle Initial)		[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2518 Meredith Dr					Other (specify)
City		State	ZIP Code	e	
DeSoto		MO	63020		
Original Amount of Loar	n 8000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio 8000.00
TERMS Date Incu	irred	C M M / D D	Date Due	Interest Rate	0
					Yes No
List All Endorsers or G		b Loan Source		Name of Employer	
1. Full Name (Last, Firs	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 9 9 1 1 1
2. Full Name (Last, First	, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, First	, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	-y - 1 - y - 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 T	page in this line only)			8000.00
Carry outstanding balance	only to LINE 3, Sch	edule D, for thi	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.

Image# 14952716482						
SCHEDULE C (FEC LOANS	Form 3)			Use separate schedule for each category of th Detailed Summary Pag	(check only one) X 13a	
NAME OF COMMITTEE (In F	iull)			Transaction ID : SC/10.4296		
STOCKER IN CONG	,					
LOAN SOURCE Full Na	•	Idle Initial)		[PERSONAL FUNDS]	Election: 2014	
Mrs. Barbara H Sto	ocker				Y Primary General	
Mailing Address 2518 Meredith Dr					Other (specify)	
City		State	ZIP Code	9		
DeSoto		MO	63020			
Original Amount of Loan		Cumulative Pay	yment To D		nce Outstanding at Close of This Period	
	2500.00	9	9	0.00	2500.00	
TERMS Date Incu	rred	D	ate Due	Interest Rate	Secured:	
M06 ^M / D30 ^D /	Y Ž014 Y	M M / D D	/ ^Y 12/3	31/2014 ^v 0.00		
List All Endorsers or Gu		o Loan Source	1			
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		
				Amount Guaranteed		
City	State	ZIP Code		Outstanding:	9	
3. Full Name (Last, First,	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed		
4. Full Name (Last, First,	Middle Initial)			Outstanding: Name of Employer	/ /	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	g 1 1 g 1 1 x 1	
SUBTOTALS This Period The TOTALS This Period (last p	age in this line only	')			2500.00	
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.	

age# 14952716483				
HEDULE C (FEC Form ANS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 22 OF 22 FOR LINE NUMBER: (check only one) X 13a 13b	
ME OF COMMITTEE (In Full) TOCKER IN CONGRESS		Transaction ID : SC/10.4414		
LOAN SOURCE Full Name (Last, Mrs. Barbara H Stocker	First, Middle Initial)		tion: 2014 Primary General	
Mailing Address 2518 Meredith Dr			Other (specify)	
City	State ZIP C	Code		
DeSoto	MO 6302	0		
Original Amount of Loan	Cumulative Payment	To Date Balance O	utstanding at Close of This Perio	
<u> </u>	<u> </u>	9	<u>9</u>	
TERMS Date Incurred	Date Du		Secured:	
M08 / D11 / Y Ž01 Ă	Y M M / D D / Y	12/31/2014 ^Y 0.00	% (apr)	
List All Endorsers or Guarantors	(if any) to Loan Source		Yes No	
1. Full Name (Last, First, Middle I	nitial)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle In	itial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle In	itial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	y 1 1 1 1	
4. Full Name (Last, First, Middle In	itial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
JBTOTALS This Period This Page (· · · · ·	150000.00 200650.00	