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Image# 15950835546

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An		ized Comr	nittee			Office	· Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRI	NT ▼		mple: If typing	g, type	12FE4M	5	
STOCKER IN	CONG	SRESS							1
ADDRESS (number ar	nd street)	PO BOX 243							
Check if dit	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	DED	MO 08
			i					-	
4. TYPE OF RE	•	Choose One)	(b) 1	12-Day PRE-	Election Repo	rt for the:			
(a) Quarterly R	epoπs:				Primary (12P)		General (12G)	Runoff (12R)
X April 15	Quarterl	y Report (Q1)		П	Convention (1	13C)	Special (1	125)	
July 15	Quarterly	/ Report (Q2)			Oonvention (120)	Орестат (120)	
Octobe	r 15 Qua	rterly Report (Q3)		Election on	M M /	D D /	YYYY		in the State of
January	/ 31 Year-	-End Report (YE)	(c) 3	30-Day POS1	-Election Rep	ort for the:			
					General (30G		Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D D /	Y " Y " Y		in the State of
5. Covering Period	N	01 / 01		014 Y	through	M M 03	31		Y Y Y Y 2014
I certify that I have e	examined	this Report and	to the be	est of my kno	owledge and b	pelief it is tr	ue, correct an	d com	plete.
Type or Print Name	of Treasu	Mr. Chuck I	Banks						
Signature of Treasure	er <u>M</u>	1r. Chuck Banks			Electronically F	Filed] [oate 03	/	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of	false, err	oneous, or incomp	olete infor	mation may s	ubject the per	son signing t	his 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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03

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

STOCKER IN CONGRESS

01 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 3355.00 16060.00 (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) 3355.00 16060.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 18239.88 46256.42 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 18239.88 46256.42 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 4953.58 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 35150.00 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

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

STOCKER	INI	CON	CR	ヒらら

03 2014 01 01 2014 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 11900.00 (i) Itemized (use Schedule A)..... 855.00 1660.00 (ii) Unitemized (iii) TOTAL of contributions 855.00 13560.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 2500.00 2500.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 3355.00 16060.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 13000.00 35150.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 13000.00 35150.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 16355.00 51210.00 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	18239.88	46256.42
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
<u>'</u> 0.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	18239.88	46256.42
	III. CASH SU	MMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	6838.46
4	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	16355.00
5.	SUBTOTAL (add Line 23 and Line 24)		23193.46
6.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	18239.88
7.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		4953.58

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

Image# 15950835550				
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 11a 11b X 12 13a	PAGE 5 OF 15 11c 11d 13b 14 15
Any information copied from such Reports and or for commercial purposes, other than using t				
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS				
Full Name (Last, First, Middle Initial) Missouri Democratic Party Mailing Address 208 Madison Ave	Date of Receipt	/ Y Y Y Y Y Y 2014		
City Jefferson City	Zip Code 65101	Transaction ID : SA110	C.4200	
FEC ID number of contributing federal political committee.	Amount of Each Rece	eipt this Period		
Name of Employer	Occupation	٦	In-kind -	2500.00
Receipt For: 2014	Election C	ycle-to-Date		

/	STOCKER IN CONGRESS				
Α.	Full Name (Last, First, Middle Initial) Missouri Democratic Party Mailing Address 208 Madison Ave		Date of Receipt 03 31 2014		
	Mailing Address 208 Madison Ave				
	City Jefferson City	State Zip Code MO 65101	Transaction ID : SA11C.4200		
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
	Name of Employer	Occupation	2500.00 In-kind -		
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 2500.00			
R	Full Name (Last, First, Middle Initial)		Date of Receipt		
٠.	Mailing Address		M M / D D / Y Y Y Y		
	City	State Zip Code			
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period		
	Name of Employer	Occupation			
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date			
_	Full Name (Last, First, Middle Initial)		Date of Receipt		
Ο.	Mailing Address		M M / D D / Y Y Y Y		
	City	State Zip Code			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
	Name of Employer	Occupation			
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date			
S	SUBTOTAL of Receipts This Page (optional)		2500.00		
	TOTAL This Period (last page this line number		2500.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FO	R LINE	NUI	MBER	:	PAGE		6 OF	=	15
Use separate schedule(s)		(check only one)								
for each category of the		11a		11b		11c		11d		
Detailed Summary Page		12	X	13a		13b		14		15
y not be sold or used by any person for the purpose of soliciting contributions idress of any political committee to solicit contributions from such committee.										

or for commercial purposes, other than usin	and Statements may not be sold or used by any pogethe name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		
Full Name (Last, First, Middle Initial) A. Mrs. Barbara H Stocker		Date of Receipt
Mailing Address 2518 Meredith Dr	01 30 2014	
City DeSoto	State Zip Code MO 63020	Transaction ID : SA13A.4204
FEC ID number of contributing federal political committee.	C H4MO08212	Amount of Each Receipt this Period
Name of Employer N/A	Occupation Retired	personal funds
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 25150.00	
Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker		Date of Receipt
Mailing Address 2518 Meredith Dr		03 04 2014
City DeSoto	State Zip Code MO 63020	Transaction ID : SA13A.4205
FEC ID number of contributing federal political committee.	С н4МО08212	Amount of Each Receipt this Period
Name of Employer	Occupation	10000.00
N/A	Retired	personal funds
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 35150.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optiona	· I)	13000.00
	ber only)	13000.00

maye# 13930033332			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) (d of the	FOR LINE NUMBER: PAGE 7 OF 15 check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS	,		
Full Name (Last, First, Middle Initial) A. Arnold Printing			Date of Disbursement
Mailing Address 1616-A Jeffco Blvd			03 11 2014
City State Arnold MO	Zip Code 63010		Amount of Each Disbursement this Period
Purpose of Disbursement Printing		001	102.35 Transaction ID : SB17.4214
Candidate Name STOCKER IN CONGRESS	0044	Category/ Type	
Office Sought: Senate Disbursement F			
Full Name (Last, First, Middle Initial) Mr. Chuck Banks Mailing Address H.C.1 BOX 1550			Date of Disbursement O1 31 2014
City State Silva MO	Zip Code 63964		Amount of Each Disbursement this Period
Purpose of Disbursement management Candidate Name STOCKER IN CONGRESS		001 Category/	5000.00 Transaction ID : SB17.4208
Office Sought: House Disbursement F Senate Prima		Туре	
Full Name (Last, First, Middle Initial) Mr. Chuck Banks			Date of Disbursement
Mailing Address H.C.1 BOX 1550			02
Silva MO Purpose of Disbursement management	Zip Code 63964	001	Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4211
Candidate Name STOCKER IN CONGRESS Office Sought: House Senate President Disbursement F Prima Other		Category/ Type	-

State:

MO

District:

08

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

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

10102.35

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	I	20a 20b 20c 21	
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		erson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS			
Full Name (Last, First, Middle Initial) A. Mr. Chuck Banks Mailing Address H.C.1 BOX 1550	Date of Disbursement O3 31 2014		
City State Silva MO Purpose of Disbursement	Zip Code 63964	Amount of Each Disbursement this Period 5000.00	
management Candidate Name STOCKER IN CONGRESS Office Sought: House Disbursement For:	001 Category/ Type	Transaction ID : SB17.4215	
Senate President Other (sp	General		
Full Name (Last, First, Middle Initial) Mike Bell Mailing Address 2023 Grants Valley I n		Date of Disbursement	
City State Imperial MO Purpose of Disbursement technology support Candidate Name	Zip Code 63052	Amount of Each Disbursement this Period 325.00 Transaction ID: SB17.4209	
STOCKER IN CONGRESS Office Sought: Senate President State: MO District: 08 Disbursement For: Primary Other (sp	General	_	
Full Name (Last, First, Middle Initial) Missouri Democratic Party		Date of Disbursement	
Mailing Address 208 Madison Ave		03 31 2014	
Jefferson City MO 65 Purpose of Disbursement In-kind -	o Code 5101	Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4203	
Office Sought: House Senate President State: Disbursement For: Primary Other (sp	General		
SUBTOTAL of Disbursements This Page (optional)		7825.00	
TOTAL This Period (last page this line number only)		17927.35	

Use separate schedule(s)

FOR LINE NUMBER: (check only one)

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OF

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for each category of the **X** 13a Detailed Summary Page 13b Transaction ID: SC/10.4117 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 5000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M08^M 20 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 State ZIP Code Guaranteed City 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 LINE NUMBER:

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DANS			Detailed Summary Pag	
AME OF COMMITTEE (In Full)			Transac	etion ID : SC/10.4119
STOCKER IN CONGRES	S			
LOAN SOURCE Full Name (La Mrs. Barbara H Stocker Mailing Address		e Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
2518 Meredith Dr				Other (specify) ———————————————————————————————————
City	St	ate ZIP Co	de	
DeSoto		MO 63020		
Original Amount of Loan	(Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
	150.00	9 9	0.00	150.00
Date Incurred M 08 / D 30 / Y 20	13 Y	Date Due	Interest Rate 2/31/2014 0.00	
List All Endorsers or Guaranto	ors (if anv) to L	oan Source		Yes No
1. Full Name (Last, First, Midd	, ,,		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	g g
2. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1 0
SUBTOTALS This Period This Pag	e (optional)		·····	150.00
FOTALS This Period (last page in	this line only)			, , , , , , , , , , , , , , , , , , , ,
Carry outstanding balance only to	LINE 3. Sched	ule D. for this line. If	no Schedule D. carry forv	vard 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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×	13a
	13b

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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 21/31/2014 % (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 State ZIP Code Guaranteed City 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)

PAGE

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X 13a

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Detailed Summary Page 13b 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 State ZIP Code Guaranteed City 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 LINE NUMBER:

PAGE

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for each category of the **X** 13a **LOANS** (check only one) Detailed Summary Page 13b 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 State ZIP Code Guaranteed City 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:

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X 13a

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JAN5		Detailed Summary Page	crieck only one)
AME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transacti	ion ID : SC/10.4204
LOAN SOURCE Full Name (Last, First, Mrs. Barbara H Stocker	Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary
Mailing Address 2518 Meredith Dr			General Other (specify) ▼
City DeSoto	State ZIP Co	de	
Original Amount of Loan	Cumulative Payment To	Data Balan	ce Outstanding at Close of This Period
3000.00	Cumulative Fayment 10	0.00	3000.00
TERMS			
Date Incurred M 01	Date Due	Interest Rate 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source		103 110
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:	
SUBTOTALS This Period This Page (optiona)		3000.00
FOTALS This Period (last page in this line o	nly)	······	
Carry outstanding balance only to LINE 3, S	Schedule D, for this line. If	no Schedule D, carry forwa	ard 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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X 13a

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13b 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) 35150.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.