FEC FORM 3	AND DI	T OF RECEIPTS SBURSEMENTS Authorized Committee	;	PAGE 1 / 20
1. NAME OF COMMITTEE (in f	TYPE OR PRI	IT ▼ Example: If typin over the lines.	g, type 12FE4M5	
ADDRESS (number and	I street)			
Check if diffe than previous reported. (AC	sly <sub>I</sub> SILVA		MO 6396	4
2. FEC IDENTIFIC	ATION NUMBER <b>V</b>		STATE	ZIP CODE ▲ STATE ▼ DISTRICT
C C00549287	7	3. IS THIS NEW REPORT (N)	OR AMENDED (A)	
<ul> <li>(a) Quarterly Re</li> <li>April 15</li> <li>X July 15</li> <li>October</li> </ul>	PORT (Choose One) ports: Quarterly Report (Q1) Quarterly Report (Q2) 15 Quarterly Report (Q3) 31 Year-End Report (YE)	<ul> <li>(b) 12-Day PRE-Election Report</li> <li>Primary (12P)</li> <li>Convention (</li></ul>	General (12G) 12C) Special (12S) 0 / Y Y Y Y 0 port for the:	Runoff (12R) in the State of Special (30S)
Terminat	ion Report (TER)	Election on	D D / Y Y Y Y	in the State of
5. Covering Period	M M / D D 04 / 01	2014 through	M M / D D / Y 06 30 / Y	Y Y Y 2014
I certify that I have ex Type or Print Name o		o the best of my knowledge and l anks	pelief it is true, correct and cor	nplete.
Signature of Treasurer	Mr. Chuck Banks	[Electronically ]	Filed] Date	D D / Y Y Y Y 03 2015
NOTE: Submission of f	alse, erroneous, or incomp	ete information may subject the per	son signing this Report to the pe	enalties of 2 U.S.C. §437g.
FE5AN018				(Revised 02/2003)

Image# 15950835571

03/03/2015 12 : 29

Γ	-	FEC Form 3 (Revised 02/2003)	<b>SUMMARY PAGE</b> of Receipts and Disbursements	PAGE 2 / 20
		r Type Committee Name CKER IN CONGRESS		
F	Report	Covering the Period: From:	04 / D D / Y Y Y Y 01 / 2014 To:	M 06 / D D / Y Y Y Y 30 / 2014
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	( )	Total Contributions (other than loans) (from Line 11(e))	4372.00	20432.00
	(-)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
		Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4372.00	20432.00
7.	Net	Operating Expenditures		
		Total Operating Expenditures (from Line 17)	17832.78	64089.20
		Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
		Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	17832.78	64089.20
8.		n on Hand at Close of orting Period (from Line 27)	6992.80	
9.	the (	s and Obligations Owed <b>TO</b> Committee (Itemize all on edule C and/or Schedule D)	0.00	
10.	the (	s and Obligations Owed <b>BY</b> Committee (Itemize all on edule 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# 15950835572

FEC Form 3 (Revised 12/2003) Write or Type Committee Name	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 20
STOCKER IN CONGRESS	04 / D D / Y Y Y Y 04 01 To:	M M / D D / Y Y Y Y 06 30 2014
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>	2600.00	14500.00
(ii) Unitemized	1772.00	3432.00
(iii) TOTAL of contributions from individuals	4372.00	17932.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (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))	4372.00	20432.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	15500.00	50650.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	15500.00	50650.00
14. OFFSETS TO OPERATING EXPENDITURES		
(Refunds, Rebates, etc.)	0.00	0.00
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)	19872.00	71082.00

FE5AN018

Image# 15950835573

of Disbursements PAGE 4 / 20 FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 17832.78 64089.20 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 17832.78 64089.20 (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		9		7	4953.58
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		9		7	19872.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	24825.58
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	17832.78
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	6992.80

Image# 15950835574

SCHEDULE A (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 5 OF 20 (check only one)			
TEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 11d \\ \hline 12 & 13a & 13b & 14 & 15 \\ \hline \end{array}$			
		12     13a     13b     14     15       person for the purpose of soliciting contributions tee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
Full Name (Last, First, Middle Initial) 8th CD Womens Club		Date of Receipt			
Mailing Address 510 McCaul Dr		04 09 2014			
City Kennett	StateZip CodeMO63857	Transaction ID : SA11AI.4219			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer	Occupation	500.00 contribution meets the Federal requirements for qua			
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date	funds			
Full Name (Last, First, Middle Initial) <b>Ms Dorothy Adams</b>		Date of Receipt			
Mailing Address P.O.BOX 328		04 / D D / Y Y Y Y 04 09 2014			
City Senath					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer	Occupation	500.00			
NA Receipt For: 2014	retired	contribution			
Primary General Other (specify)	Election Cycle-to-Date 500.00				
Full Name (Last, First, Middle Initial) Ms Rea Beck Kleeman		Date of Receipt			
Mailing Address 520 S Brentwood Blvd. Apt	: 1A	06 11 2014			
City Clayton	StateZip CodeMO63105-2253	Transaction ID : SA11AI.4238			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer None	Occupation retired	100.00			
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date				
SUBTOTAL of Receipts This Page (optional)		1100.00			

I

Any information co	pied from such Reports and			FOR LINE NUMBER:       PAGE       6       OF       20         (check only one)       (check only one)       11c       11d       11d         11a       11b       11c       11d       11d         12       13a       13b       14       15         person for the purpose of soliciting contributions
or for commercial p	ourposes, other than using th			ee to solicit contributions from such committee.
Full Name (Last, Mr. Richard Mailing Address City Kirkwqood FEC ID number federal political of Name of Employ self Receipt For: 20 Primary Other (spe	1490 Wilton In of contributing committee. yer 14 General	State MO C Occupation attorney Election C	Zip Code 63122 n ycle-to-Date 500.00	Date of Receipt
B. Mr Brian Ma	424 W 62nd TER of contributing committee. yer 14 General	State MO C Occupation retired Election C	Zip Code 64113 vcle-to-Date	Date of Receipt this Period Contribution Date of Receipt this Period Date of Receipt this
Mr David R	721 Middle Polo Dr of contributing committee. yer 014 General	State MO C Occupation attorney Election C	Zip Code 63105	Date of Receipt  Date of Receipt  Contribution  Date of Receipt  Date of R

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 20 (check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 11d					
Any information conied from such Poports and	l Statemente m		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								
Full Name (Last, First, Middle Initial) A. Mr. David Skeens			Date of Receipt					
Mailing Address 1000 W 58th Street			06 27 _2014 _					
City Kansas City	State MO	Zip Code 64113	Transaction ID : SA11AI.4270					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer Walter,Bender,Stroukenni,Vaugh	Occupation attorney		250.00 contribution					
Receipt For: 2014	Election Cy	vcle-to-Date						
Primary General Other (specify)		250.00	]					
Full Name (Last, First, Middle Initial)			Date of Receipt					
B. Mailing Address								
City	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:	Election Cy	rcle-to-Date						
Other (specify)		, ,	]					
Full Name (Last, First, Middle Initial)			Date of Receipt					
C. Mailing Address			M = M / D = D / 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:	Election Cy	cle-to-Date						
Other (specify)		, ,	]					
SUBTOTAL of Receipts This Page (optional)			250.00					
TOTAL This Period (last page this line numbe			2600.00					

I

_				FOR LINE NUMBER: PAGE 8 OF 20						
S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	(check only one)						
IT	EMIZED RECEIPTS		for each category of the	11a 11b 11c 11d						
-			Detailed Summary Page	12 X 13a 13b 14 15						
				person for the purpose of soliciting contributions be to solicit contributions from such committee.						
H		and a	audress of any political committe							
$ \rangle$	NAME OF COMMITTEE (In Full)									
$\mathbb{Z}$										
_	Full Name (Last, First, Middle Initial)									
Α.	Mrs. Barbara H Stocker			Date of Receipt						
	Mailing Address 2518 Meredith Dr									
	City	State	Zip Code	04 25 2014						
	DeSoto	MO	63020	Transaction ID : SA13A.4294						
	FEC ID number of contributing	0		Amount of Foot Devict this Devict						
	federal political committee.	Сн4	MO08212	Amount of Each Receipt this Period						
	Name of Employer	Occupation		5000.00						
	N/A	Retired	1	personal funds						
	Receipt For: 2014	Election C	vcle-to-Date							
	Primary X General									
	Other (specify)	L	40150.00							
_										
_	Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker			Date of Receipt						
В.	Mailing Address 2518 Meredith Dr			- ·						
				05 28 2014						
	City	State	Zip Code	Transaction ID : SA13A.4295						
	DeSoto	MO	63020							
	FEC ID number of contributing	С ни	MO08212	Amount of Each Receipt this Period						
	federal political committee.									
	Name of Employer	Occupation	1	8000.00						
	N/A	Retired		personal funds						
	Receipt For: 2014	Election C	ycle-to-Date							
	Primary X General		48150.00	1						
	Other (specify)		10100.00	1						
_	Full Name (Last, First, Middle Initial)									
C.	Mrs. Barbara H Stocker			Date of Receipt						
	Mailing Address 2518 Meredith Dr			M M / D D / Y Y Y Y						
	City	State	Zip Code	06 30 2014						
	DeSoto	MO	63020	Transaction ID : SA13A.4296						
	FEC ID number of contributing									
	federal political committee.	С н4	MO08212	Amount of Each Receipt this Period						
	Name of Employer	Occurret		2500.00						
	Name of Employer N/A	Occupation Retired	I	personal funds						
	Receipt For: 2014		ycle-to-Date							
	Primary X General		,							
	Other (specify)		50650.00							
_			, , , , , , , , , , , , , , , , , , , ,	-						
				15500.00						
5	<b>SUBTOTAL</b> of Receipts This Page (optional)			-						
.	TAL This Davied (last many this line much			15500.00						
11	<b>OTAL</b> This Period (last page this line number of	(עוויכ								

	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         9         OF         20           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) Arnold Printing Mailing Address 1616-A Jeffco Blvd			Date of Disbursement
	City State Arnold MO Purpose of Disbursement printing	Zip Code 63010	001	Amount of Each Disbursement this Period
	Candidate Name STOCKER IN CONGRESS Office Sought: House Senate President Disbursement Form Primary Other (s	General	Category/ Type	Transaction ID : SB17.4293
В.	State:       MO       District:       08         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 management     MO       Candidate Name     STOCKER IN CONGRESS	Zip Code 63964	001 Category/ Type	Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4289
	Office Sought:       X       House       Disbursement Formation         Senate       President       X       Primary         State:       MO       District:       08	General	Турс	
C.	Full Name (Last, First, Middle Initial) Mr. Chuck Banks Mailing Address H.C.1 BOX 1550			Date of Disbursement
		p Code 3964	001	Amount of Each Disbursement this Period
	Candidate Name STOCKER IN CONGRESS Office Sought: Senate President State: MO District: 08	General	Category/ Type	Transaction ID : SB17.4291
	UBTOTAL of Disbursements This Page (optional)			10178.78

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the ry Page	FOR LINE NUMBER:         PAGE         10         OF         20           (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			
A.				Date of Disbursement
	Mailing Address 2023 Grants Valley Ln City State	Zip Code		Amount of Each Disbursement this Period
	Imperial         MO           Purpose of Disbursement         tech support	63052	001	100.00
	Candidate Name STOCKER IN CONGRESS Office Sought: Y House Disbursement For	·· 2014	Category/ Type	
	State: MO District: 08	General		
в.	Full Name (Last, First, Middle Initial) Bulldog Financial Group			Date of Disbursement
	Mailing Address 1250 Connecticut Ave NW Suite 200	Zin Onda		
	City State Washington DC	Zip Code 20036		Amount of Each Disbursement this Period
	Purpose of Disbursement consultant		003	4380.00 Transaction ID : SB17.4287
	Candidate Name STOCKER IN CONGRESS		Category/ Type	
	Office Sought:       X       House       Disbursement For         Senate       President       X       Primary         State:       MO       District:       08	General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C.	Full Name (Last, First, Middle Initial) Bulldog Financial Group			Date of Disbursement
	Mailing Address 1250 Connecticut Ave NW Suite 200			
	-	p Code 20036		Amount of Each Disbursement this Period
	Purpose of Disbursement consulting		003	3125.00 Transaction ID : SB17.4292
	Candidate Name STOCKER IN CONGRESS Office Sought: X House Disbursement For		Category/ Type	
	Office Sought: House Disbursement For Senate President Other (s State: MO District: 08	General		
s	UBTOTAL of Disbursements This Page (optional)			7605.00
Т	OTAL This Period (last page this line number only)			17783.78

Image# 15950835581				-		
SCHEDULE C (FEC F	Form 3)			Use separate schedule	PAGE 11 OF 20 FOR LINE NUMBER:	
LOANS	DANS			for each category of the Detailed Summary Page		
NAME OF COMMITTEE (In Full STOCKER IN CONGR				Transac	tion ID : SC/10.4117	
LOAN SOURCE Full Name	e (Last, First, Mic	Idle Initial)		[PERSONAL FUNDS]	Election: 2014	
Mrs. Barbara H Stoc	ker				Primary X General	
Mailing Address 2518 Meredith Dr					Other (specify)	
City		State	ZIP Code	e		
DeSoto		MO	63020			
Original Amount of Loan	5000.00	Cumulative Pay	yment To D	0.00 Bala	nce Outstanding at Close of This Period	
<u> </u>	5000.00			0.00	5000.00	
TERMS Date Incurred	b	D	ate Due	Interest Rate	e Secured:	
M08 / D20 / Y	Ž013 <sup>Y</sup>	M M / D D	/ <sup>Y</sup> 12/3	31/2014 <sup>Y</sup> 0.00		
List All Endorsers or Guar		o Loan Source				
1. Full Name (Last, First, N	/liddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 y 1 y 1	
2. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · ·	
3. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed		
4. Full Name (Last, First, M	iddle Initial)			Outstanding:	_g,g,	
4. Full Name (Last, First, W				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	g	
SUBTOTALS This Period This					5000.00	
Carry outstanding balance on	ly to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forv	vard to appropriate line of Summary.	

age# 15950835582			
HEDULE C (FEC Form 3) ANS		Use separate schedule for each category of th Detailed Summary Pag	(check only one) X 13a
ME OF COMMITTEE (In Full)			tion ID : SC/10.4119
TOCKER IN CONGRESS			
LOAN SOURCE Full Name (Last, First, Mi	iddle Initial)	[PERSONAL FUNDS]	Election: 2014
Mrs. Barbara H Stocker			X 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:
$\begin{array}{c} M_{08} \\ 08 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D_{30} \\ 30 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2013 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ 2013 \end{array} \begin{array}{c} Y \\ Y \end{array}$	M M / D D / Y	2/31/2014 <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:	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:	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			and to appropriate line of Summar

Image# 15950835583	F
SCHEDULE C (FEC Form 3)	Use separate schedule(s) FOR LINE NUMBER:
LOANS	for each category of the Detailed Summary Page (check only one) X 13a 13b
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS	Transaction ID : SC/10.4120
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	
5000.00	0.00 5000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	1/31/2014 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
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# 15950835584			
SCHEDULE C (FEC Form LOANS	3)	Use separate schedule( for each category of the Detailed Summary Page	e (check only one) X 13a
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		Transact	tion ID : SC/10.4181
LOAN SOURCE Full Name (Last, Mrs. Barbara H Stocker	First, Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary X General
Mailing Address 2518 Meredith Dr			Other (specify)
City		? Code	
DeSoto	MO 63	020	
Original Amount of Loan	Cumulative Paymer	nt To Date Balar	nce Outstanding at Close of This Period 6000.00
TERMS			
Date Incurred	Y         M         M         /         D         D         /	Due Interest Rate	Secured:
List All Endorsers or Guarantors			
1. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	g 1 1 g 1 1 g 1
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
4. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	g - 1 - g - 1 - g - 1 - g
SUBTOTALS This Period This Page (or TOTALS This Period (last page in this	line only)		6000.00
Carry outstanding balance only to LI	NE 3, Schedule D, for this line	e. It no Schedule D, carry forwa	ard to appropriate line of Summary.

Image# 15950835585					
SCHEDULE C (FEC	Form 3)			Use separate schedule	e <sup>(s)</sup> FOR LINE NUMBER:
OANS				for each category of the Detailed Summary Page (check only one)	
NAME OF COMMITTEE (IN F STOCKER IN CONC				Transac	ction ID : SC/10.4182
LOAN SOURCE Full Na	ime (Last, First, Mic	Idle Initial)		[PERSONAL FUNDS]	Election: 2014
Mrs. Barbara H Ste	ocker				Primary X General
Mailing Address 2518 Meredith Dr					Other (specify)
City		State	ZIP Code	e	
DeSoto		МО	63020		
Original Amount of Loar	6000.00	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Period 6000.00
	6000.00	9		0.00	9 9
TERMS Date Incu	rred	D	Date Due	Interest Rate	e Secured:
<sup>M</sup> 11 <sup>M</sup> / <sup>D</sup> 27 <sup>D</sup> /	Y ŽOIŠ Y	M M / D D	/ <sup>Y</sup> 12/3	31/2014 <sup>Y</sup> 0.00	
List All Endorsers or G		o Loan Source	1		
1. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 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 y
4. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
SUBTOTALS This Period TI					6000.00 7 7 7
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.

Image# 15950835586	
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/10.4204
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 Z	IP Code
DeSoto MO 6	33020
Original Amount of Loan Cumulative Payme 3000.00	ent To Date Balance Outstanding at Close of This Period 0.00 3000.00
TERMS Date Incurred Date	e Due Interest Rate Secured:
M01 / D30 / Y 2014 M M / D D /	<sup>7</sup> <sup>Y</sup> 12/31/2014 <sup>Y</sup> 0.00 % (apr) Yes 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)	ne. If no Schedule D, carry forward to appropriate line of Summary.

Image# 15950835587	
SCHEDULE C (FEC Form 3)	Use separate schedule(s) for each category of the (check only one)
LOANS	Detailed Summary Page (Check Only One) 13a
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS	Transaction ID : SC/10.4205
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 Code
DeSoto MO	63020
Original Amount of Loan Cumulative	ve Payment To Date Balance Outstanding at Close of This Period 0.00 10000.00
TERMS Date Incurred	Date Due Interest Rate Secured:
03 04 2014	<sup>D</sup> <sup>J</sup> <sup>Y</sup> 12/31/2014 0.00 % (apr) Ves No
List All Endorsers or Guarantors (if any) to Loan Sou	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	de Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	de Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	de 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	or this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 15950835588					PAGE 18 OF 20
CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page		
NAME OF COMMITTEE (IN I STOCKER IN CONC	,			Transac	ction ID : SC/10.4294
LOAN SOURCE Full Na	ame (Last, First, Mid	dle Initial)		[PERSONAL FUNDS]	Election: 2014
Mrs. Barbara H St	ocker				Primary X General
Mailing Address 2518 Meredith Dr					Other (specify)
City		State	ZIP Code	e	
DeSoto		MO	63020		
Original Amount of Loar	n 5000.00	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Period 5000.00
TERMS					
		D M M / D D	Date Due	Interest Rate	
List All Endorsers or G	uarantors (if any) to	b Loan Source			
1. Full Name (Last, Firs	t, 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:	y y
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 m 1
4. Full Name (Last, First	, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
SUBTOTALS This Period T	age in this line only	)			5000.00
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry for	ward to appropriate line of Summary.

Image# 15950835589					
SCHEDULE C (FEC	Form 3)			Use separate schedule for each category of th	
OANS				for each category of the Detailed Summary Page (check only one)	
NAME OF COMMITTEE (IN F STOCKER IN CONG	,			Transac	ction ID : SC/10.4295
LOAN SOURCE Full Nat	me (Last, First, Mid	Idle Initial)		[PERSONAL FUNDS]	Election: 2014
Mrs. Barbara H Sto	ocker				Primary General
Mailing Address 2518 Meredith Dr					Other (specify)
City		State Z	ZIP Code		
DeSoto		MO	63020		
Original Amount of Loan	8000.00	Cumulative Paym	ient To Da	ate Bala	ance Outstanding at Close of This Period 8000.00
9 9	0000.00				9 9 4
TERMS Date Incur	red	Date	e Due	Interest Rate	e Secured:
<sup>M</sup> 05 <sup>M</sup> / <sup>D</sup> 28 <sup>D</sup> /	2014	M M / D D	<sup>/</sup> 12/3	1/2014 <sup>°</sup> 0.00	
List All Endorsers or Gu		b Loan Source			
1. Full Name (Last, First	, Middle Initial)		N	lame of Employer	
Mailing Address			C	Decupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	-y
2. Full Name (Last, First,	Middle Initial)		N	lame of Employer	
Mailing Address			C	Decupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	g 1 g 1 g 1 g 1
3. Full Name (Last, First,	Middle Initial)		N	lame of Employer	
Mailing Address			C	Occupation	
City	State	ZIP Code	6	Mount Guaranteed Dutstanding:	y y y y y y y y
4. Full Name (Last, First,	Middle Initial)		N	lame of Employer	
Mailing Address			C	Occupation	
City	State	ZIP Code	6	Mount Guaranteed Dutstanding:	9 1 9 1 1 1
SUBTOTALS This Period Th	is Page (optional)			······	8000.00
TOTALS This Period (last pa		-			
Carry outstanding balance	only to LINE 3, Sch	edule D, for this li	ine. If no	Schedule D, carry forv	vard to appropriate line of Summary.

age# 15950835590			
CHEDULE C (FEC Form 3) DANS		Use separate schedule(s for each category of the Detailed Summary Page	(check only one) X 13a
AME OF COMMITTEE (In Full)		Transacti	ion ID : SC/10.4296
LOAN SOURCE Full Name (Last, First, Mir Mrs. Barbara H Stocker	ddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary X General
Mailing Address 2518 Meredith Dr			Other (specify)
City	State ZIP Cod	de	
DeSoto	MO 63020		
Original Amount of Loan 2500.00	Cumulative Payment To	Date Balan 0.00	ce Outstanding at Close of This Period 2500.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
$\begin{array}{c} \text{M}_{06}\text{M} & \text{M}_{30}\text{D} \\ \end{array} \begin{array}{c} \text{M}_{06}\text{M} & \text{M}_{30}\text{D} \\ \end{array} \begin{array}{c} \text{M}_{30}\text{D} \\ \text{M}_{30}\text{D} \\ \end{array} \begin{array}{c} \text{M}_{1} \\ \text{M}_{2} \\ \text{M}_{2} \\ \text{M}_{1} \\ \text{M}_{1} \\ \text{M}_{2} \\ \end{array} \right)$		2/31/2014 <sup>Y</sup> 0.00	w (apr) ✓ Yes No
List All Endorsers or Guarantors (if any) t	to Loan Source		100 110
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:	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
UBTOTALS This Period This Page (optional).		·	2500.00 7 50650.00 7