PAGE 1 / 16

Image# 15950835601

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	Ai		thorized Co	mmittee	•	0	ffice Use Only
NAME OF COMMITTEE (in		PE OR PRINT	•	Example: If typin over the lines.	ıg, type	12FE4M5	
STOCKER IN	CONGRE	SS					1
		PO BOX 243					
ADDRESS (number ar							
Check if dit than previo reported. (A	usly	SILVA				MO 63	964
2. FEC IDENTIFIC		BER ▼	CITY ▲			STATE A	ZIP CODE
C C0054928	07		3. IS THIS	NEW	ı	✓ AMENDED	STATE ▼ DISTRICT
C C0054920	01		REPORT	(N)	OR	X AMENDEL (A)	MO 08
4. TYPE OF RE	PORT (Choos	e One)	b) 12-Day PF	RE -Election Repo	ort for the:		
(a) Quarterly R	eports:		×	Primary (12P		General (120	S) Runoff (12R)
April 15	5 Quarterly Rep	ort (Q1)					
July 15	Quarterly Rep	ort (Q2)		Convention (12C)	Special (12S)
Octobe	er 15 Quarterly	Report (Q3)	Election o	on 08	05	2014	in the MO
January	y 31 Year-End I	Report (YE) (c) 30-Day PC	ST-Election Rep	oort for the	:	
				General (30G	à)	Runoff (30R)	Special (30S)
Termina	ation Report (TE	ER)	Election o	m M M /	D D /	Y " Y " Y " Y	in the State of
5. Covering Period	M M M 07	/ 01 /	y y y y 2014	through	M N	16	2014 Y
I certify that I have e	examined this	Report and to ti	he best of my	knowledge and	belief it is t	true, correct and c	omplete.
Type or Print Name	of Treasurer	Mr. Chuck Bank	s				
Signature of Treasure	er <i>Mr. Chi</i>	ck Banks		[Electronically I	Filed]	Date 03	03 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
NOTE: Submission of	false, erroneou	s, or incomplete	information ma	y subject the per	son signing	this Report to the	penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (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

			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	1335.00	21767.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1335.00	21767.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	3125.00	67214.20
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3125.00	67214.20
8.		sh on Hand at Close of porting Period (from Line 27)	5202.80	
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	50650.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

2014

07

From:

01

FEC Form 3 (Revised 12/2003)

PAGE 3 / 16

2014

50650.00

Write or Type Committee Name

Report Covering the Period:

STOCKER IN CONGRESS

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 (i) Itemized (use Schedule A)...... (ii) Unitemized..... (iii) TOTAL of contributions from individuals Political Party Committees..... Other Political Committees (such as PACs)..... The Candidate..... TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans..... TOTAL LOANS (add Lines 13(a) and (b)).....
- 14. OFFSETS TO OPERATING **EXPENDITURES** (Refunds, Rebates, etc.)
- 15. OTHER RECEIPTS (Dividends, Interest, etc.)
- 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

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	-	7	-	-	7	-			

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	3125.00	67214.20
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(c) TOTAL LOAN REPAYMENTS	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(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
21.	OTHER DISBURSEMENTS	0.00	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	67214.20	
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	6992.80
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	1335.00
25.	SUBTOTAL (add Line 23 and Line 24)		8327.80
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	3125.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		5202.80

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 5 Use separate schedule(s) (check only one) 11a 11b 11c

OF

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for each category of the 11d Detailed Summary Page 12 13a 13b 14 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) Mr. James Becker Date of Receipt Mailing Address 94 Juniper Rd 2014 09 City State Zip Code Transaction ID: SA11AI.4313 MA 02478 Belmont FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation contribution Skanska USA Building contractor Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Ms Susan Kay Date of Receipt Mailing Address 2640 Benedict Canyon Dr. 09 2014 Citv State Zip Code Transaction ID: SA11AI.4311 Beverly Hills CA 90210 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation contribution not employed none Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Mr. Martin Michel Date of Receipt Mailing Address 6741 Heritage Dr 2014 80 City State Zip Code Transaction ID: SA11AI.4315 MO Poplar Bluff 63961 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Key Drugs Pharmacist contribution Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 250.00 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:

(check only one)

| Total Control C

		200 200 21
Any information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any part of the commercial purposes.		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		
Full Name (Last, First, Middle Initial) A. Bulldog Financial Group		Date of Disbursement
Mailing Address 1250 Connecticut Ave NW Suite 200		07 02 2014
City State Zip Code Washington DC 20036		Amount of Each Disbursement this Period
Purpose of Disbursement management	001	3125.00 Transaction ID : SB17.4319
Candidate Name STOCKER IN CONGRESS	Category/ Type	11disaction is . 3517.4013
Office Sought: House Disbursement For: 2014		
Full Name (Last, First, Middle Initial) 3.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category/ Type	
Office Sought: House Disbursement For:	al	
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category/ Type	
Office Sought: House Disbursement For:	al	
SUBTOTAL of Disbursements This Page (optional)		3125.00
TOTAL This Period (last page this line number only)		3125.00

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

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OF

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 each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4119 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 150.00 0.00 150.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M08^M ^D30 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)..... 150.00 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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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 Detailed Summary Page

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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 each category of the

FOR LINE NUMBER: (check only one)

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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 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

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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 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)..... 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 Detailed Summary Page

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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 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)..... 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

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13b Transaction ID: SC/10.4294 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: ^D25 ^M 04 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)..... 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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

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Detailed Summary Page 13b 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 State ZIP Code Guaranteed City 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)

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Detailed Summary Page 13b 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 ^M 06^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 ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 TOTALS This Period (last page in this line only) 50650.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.