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Image# 15950835641

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 PR	NT ▼		mple: If typing	g, type	12FE4M	5		
STOCKER IN	CONG	SRESS								1
ADDRESS (number ar	nd street)	PO BOX 24	3							
Check if di	ferent									
than previo reported. (A		SILVA					MO	63964		
2. FEC IDENTIFIC	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE A STATE ▼ D	ISTRICT
C C005492	37			IS THIS REPORT	NEW (N)	OR	× AMENI	DED	MO	08
			1							
4. TYPE OF RE	•	Choose One)	(b) 1	12-Day PRE-	Election Repo	rt for the:				
(a) Quarterly R	eports:				Primary (12P)	>	General (12G)	Runoff	f (12R)
April 15	Quarterl	y Report (Q1)		П	Convention (1	13C)	Special (1	125)		
July 15	Quarterly	/ Report (Q2)			Oonvention (120)	opeciai (120)		
Octobe	r 15 Qua	rterly Report (Q3)		Election on	M M /	04	2014		in the State of	МО
January	/ 31 Year-	-End Report (YE)	(c) 3	30-Day POST	-Election Rep	ort for the:				
					General (30G		Runoff (3	0R)	Specia	al (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D D /	Y " Y " Y " Y		in the State of	
5. Covering Period	N	1 10 01		014 Y	through	M M M	15		y 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	Banks							
Signature of Treasure	er <u>M</u>	1r. Chuck Banks		L	Electronically F	Filed] [vate 03	/	03 / Y Y)15 Y
NOTE: Submission of	false, err	oneous, or incom	plete infor	mation may s	ubject the per	son signing t	his Report to t	the pen	alties of 2 U.S.C.	. §437g.
Office Use								FF	EC FORM 3	
Only									Revised 02/2003)	

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

STOCKER IN CONGRESS

10 10 15 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) 800.00 36846.99 (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) 800.00 36846.99 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 4437.72 99718.02 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4437.72 99718.02 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 137778.97 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 200650.00 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

STOCKER IN CONGRESS

Report Covering the Period: From: 10 01 2014 To: May 15 2014

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other	r than loans) FROM:		
(a) Individuals/Persons Political Committee (i) Itemized (use S		500.00	27699.99
(ii) Unitemized (iii) TOTAL of contr	ibutions	300.00	6647.00
from individuals		800.00	34346.99
(b) Political Party Com (c) Other Political Con		0.00	0.00
(such as PACs)		0.00	2500.00
(d) The Candidate (e) TOTAL CONTRIBU		0.00	0.00
(other than loans) (add Lines 11(a)(iii)	, (b), (c), and (d))	800.00	36846.99
2. TRANSFERS FROM OT AUTHORIZED COMMIT		0.00	0.00
3. LOANS: (a) Made or Guarantee	ad by the		
Candidate		0.00	200650.00
(b) All Other Loans		0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) ar	nd (b))	0.00	200650.00
4. OFFSETS TO OPERATI EXPENDITURES		0.00	
(Refunds, Rebates, etc.)	0.00	0.00
5. OTHER RECEIPTS (Dividends, Interest, etc.)	.)	0.00	0.00
6. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and (Carry Total to Line 24,	d 15)	800.00	237496.99

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	4437.72	99718.02
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (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
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	4437.72	99718.02
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	141416.69
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	800.00
25.	SUBTOTAL (add Line 23 and Line 24)		142216.69
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	4437.72
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		137778.97

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: [PAGE	5	OF	17
(cl	heck only	one)					
	X 11a	11b		11c	11	d	
	12	13a		13b	14		15

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) Freethought Equality fund of the Center for Humanist Activism Date of Receipt Mailing Address 177T Street NW 10 2014 06 City State Zip Code Transaction ID: SA11AI.4443 DC 20009 Washington FEC ID number of contributing Amount of Each Receipt this Period C00545202 federal political committee. 500.00 Name of Employer Occupation contribution Receipt For: 2014 Election Cycle-to-Date Primary X General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

			Detailed Summai	ry Page		20a	20b	20c	21
	ny information copied from such Repor					he purpo	se of solic	iting contrib	utions
\rangle	NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS								
۸.	Full Name (Last, First, Middle Initial) FIDELITY COMMUNICATIONS				М		D /	Y	Y
	Mailing Address PO BOX 669				10		10	2014	
	City SULLIVAN	State MO	Zip Code 63080		Amou	nt of Ead	ch Disburse	ement this P	eriod
	Purpose of Disbursement ADVERTISING			004	Transac	ction ID :	SB17.445	400. 1	00
	STOCKER IN CONGRES			Category/ Type					
	Office Sought: House Senate President State: MO District: 08	Disbursement For: Primary Other (sp	X General						
3.	Full Name (Last, First, Middle Initial) KREI, KTJJ, KJFF				Date	of Disbu	rsement	Y	Y
	Mailing Address PO BOX 368				10		10	2014	
	City FESTUS	State MO	Zip Code 63028		Amou	nt of Ead	ch Disburse	ement this P	eriod
	Purpose of Disbursement ADVERTISING			004	Transaction ID : SB17.4447			3675. 7	00
	Candidate Name STOCKER IN CONGRES	SS		Category/ Type					
	Office Sought: House	Disbursement For: Primary Other (sp	X General						
	Full Name (Last, First, Middle Initial)				Data	of Disbu	wa a ma a mt		
Э.	YHCTV				_ Date		-	Y Y Y	Y
	Mailing Address P.O.BOX 712				10		10	2014	
	City Dexter		Code 3841		Amou	nt of Ead	ch Disburse	ement this P	
Purpose of Disbursement advertising 004				Transs	tion ID :	SB17.4445	240.	00	
	Candidate Name STOCKER IN CONGRES			Category/ Type	Transac	,แบก เม :	SB17.4445	,	
	Office Sought: Senate President State: MO District: 08	Disbursement For: Primary Other (sp	X General						
	District. VO				<u> </u>			4315.	00
S	SUBTOTAL of Disbursements This Page	e (optional)		<u></u>	H	-			-
								4315.	UU

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

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

FOR LINE NUMBER: (check only one)

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OF

Transaction ID: SC/10.4117 NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS

LOAN SOURCE Full Name (Last, First, N	liddle Initial)	[PERSONAL FUNDS]	Election: 2014
Mrs. Barbara H Stocker		-	Primary General
Mailing Address 2518 Meredith Dr			Other (specify)
City	State ZIP C	ode	
DeSoto	MO 63020)	
Original Amount of Loan	Cumulative Payment To	o Date Bal	ance Outstanding at Close of This Period
5000.00		0.00	5000.00
TERMS Date Incurred	Date Due	e Interest Rat	e Secured:
M ₀₈ M / D ₂₀ D / Y Ž01Š Y		12/Š1/2014 0.0	
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	9 9 9 9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 1 7 1
UBTOTALS This Period This Page (optional	1		5000.00
CDICIALO IIIIS I CIIOU IIIIS I age (optional	<i>J</i> · · · · · · · · · · · · · · · · · · ·		3000.00

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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OF

13b 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: ^D30 ^M08^M 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 LINE NUMBER: (check only one)

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for each category of the **LOANS** 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 5000.00 0.00 **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 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

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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)

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for each category of the **LOANS** (check only one) 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 3000.00 0.00 **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 State ZIP Code Guaranteed City 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

FOR LINE NUMBER: (check only one)

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

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

FOR LINE NUMBER: (check only one)

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Transaction ID : SC/10.4294 [PERSONAL FUNDS] Election: 2014 Primary General Other (specify) ▼ Code
Primary General Other (specify) ▼
Other (specify) ▼
Code
20
To Date Balance Outstanding at Close of This Period 0.00 5000.00
ue Interest Rate Secured: 12/31/2014 0.00 % (apr) Yes No
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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for each category of the **X** 13a **LOANS** (check only one) 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 8000.00 0.00 **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

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(check only one) Detailed Summary Page Transaction ID: SC/10.4296 NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mrs. Barbara H Stocker ★ General Mailing Address Other (specify) \blacktriangledown 2518 Meredith Dr City State ZIP Code MO 63020 DeSoto Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D30 ^M06^M ž014 12/31/2014 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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OF

Detailed Summary Page 13b Transaction ID: SC/10.4414 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 150000.00 0.00 150000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M ^D 11 ž014 0.00 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 150000.00 TOTALS This Period (last page in this line only) 200650.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.