

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
STOCKER IN CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

| | 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)).... | 5270.00 | 5270.00 |
| (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))..... | 5270.00 | 5270.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 11340.93 | 11340.93 |
| (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))..... | 11340.93 | 11340.93 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 4079.07 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 10150.00 | |

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

STOCKER IN CONGRESS

Report Covering the Period: From: / / To: / /

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 5200.00 | 5200.00 |
| (ii) Unitemized..... | 70.00 | 70.00 |
| (iii) TOTAL of contributions from individuals ▶ | 5270.00 | 5270.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 5270.00 | 5270.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 10150.00 | 10150.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 10150.00 | 10150.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 15420.00 | 15420.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 11340.93 | 11340.93 |
| 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..... | 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 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 11340.93 | 11340.93 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 15420.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 15420.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 11340.93 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 4079.07 |

**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) | PAGE 5 OF 11 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial)
Ms Elinor H Fries

Mailing Address 110 Portside Ln

City Coppel State TX Zip Code 75019

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2013

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Mr. William V Fries

Mailing Address 110 Portside Ln

City Coppel State TX Zip Code 75019

FEC ID number of contributing federal political committee. **C**

Name of Employer Thornberg Investment Occupation Fund Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2013

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5200.00

5200.00

**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) | PAGE 6 OF 11 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
STOCKER IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Barbara H Stocker

Mailing Address 2518 Meredith Dr

City DeSoto State MO Zip Code 63020

FEC ID number of contributing federal political committee. **C H4MO08212**

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2013

Transaction ID : SA13A.4117

Amount of Each Receipt this Period
5000.00
personal funds

B. Full Name (Last, First, Middle Initial)
Mrs. Barbara H Stocker

Mailing Address 2518 Meredith Dr

City DeSoto State MO Zip Code 63020

FEC ID number of contributing federal political committee. **C H4MO08212**

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013

Transaction ID : SA13A.4119

Amount of Each Receipt this Period
150.00
Personal funds

C. Full Name (Last, First, Middle Initial)
Mrs. Barbara H Stocker

Mailing Address 2518 Meredith Dr

City DeSoto State MO Zip Code 63020

FEC ID number of contributing federal political committee. **C H4MO08212**

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2013

Transaction ID : SA13A.4120

Amount of Each Receipt this Period
5000.00
personal funds

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

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

10150.00

10150.00

**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) | PAGE 7 OF 11 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
STOCKER IN CONGRESS

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Chuck Banks | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2013 | | |
| Mailing Address H.C.1 BOX 1550 | | | Amount of Each Disbursement this Period 5000.00 | | |
| City Silva | State MO | Zip Code 63964 | Transaction ID : SB17.4121 | | |
| Purpose of Disbursement | | 001 | Category/Type | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Chuck Banks | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013 | | |
| Mailing Address H.C.1 BOX 1550 | | | Amount of Each Disbursement this Period 5000.00 | | |
| City Silva | State MO | Zip Code 63964 | Transaction ID : SB17.4133 | | |
| Purpose of Disbursement | | 001 | Category/Type | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mike Bell | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2013 | | |
| Mailing Address 2023 Grants Valley Ln | | | Amount of Each Disbursement this Period 900.00 | | |
| City Imperial | State MO | Zip Code 63052 | Transaction ID : SB17.4129 | | |
| Purpose of Disbursement | | 001 | Category/Type | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 10900.00 |
| 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) | | PAGE 8 OF 11 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
STOCKER IN CONGRESS

| | | | | |
|--|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Debra Tolstoi | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013 | |
| Mailing Address 6515 Hoffman Ave | | | Amount of Each Disbursement this Period 250.00 | |
| City St. Louis | State MO | Zip Code 63139 | Transaction ID : SB17.4131 | |
| Purpose of Disbursement design design | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|--|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Disbursement this Period | |
| City | State | Zip Code | | |
| Purpose of Disbursement | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|--|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Disbursement this Period | |
| City | State | Zip Code | | |
| Purpose of Disbursement | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 250.00 |
| TOTAL This Period (last page this line number only)..... | 11150.00 |

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Mrs. Barbara H Stocker Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address 2518 Meredith Dr

City State ZIP Code
 DeSoto MO 63020

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5000.00 | 0.00 | 5000.00 |

TERMS

| | | | |
|----------------|------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 08 / 20 / 2013 | 12/31/2014 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)..... ▶ 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **STOCKER IN CONGRESS** Transaction ID : **SC/10.4119**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker | [PERSONAL FUNDS] | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2518 Meredith Dr | | |

| | | |
|--------|-------|----------|
| City | State | ZIP Code |
| DeSoto | MO | 63020 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 150.00 | 0.00 | 150.00 |

| | | | | |
|--------------|----------------|------------|---------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | 08 / 30 / 2013 | 12/31/2014 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)..... | ▶ | 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. | | |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **STOCKER IN CONGRESS** Transaction ID : **SC/10.4120**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker | [PERSONAL FUNDS] | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2518 Meredith Dr | | |

| | | |
|--------|-------|----------|
| City | State | ZIP Code |
| DeSoto | MO | 63020 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5000.00 | 0.00 | 5000.00 |

TERMS

| | | | |
|----------------|------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 09 / 17 / 2013 | 21/31/2014 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)..... | 5000.00 |
| TOTALS This Period (last page in this line only)..... | 10150.00 |

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