Image# 15950835707					PAGE 1 / 24
FEC FORM 3	AND DI	T OF RE SBURSE	MENTS	Office	e Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRIN	•	ample: If typing, type	12FE4M5	
	IGRESS				
ADDRESS (number and stree	PO BOX 243				
Check if different					
than previously reported. (ACC)				MO 63964	
2. FEC IDENTIFICATIO	N NUMBER V	CITY		STATE	ZIP CODE ▲ STATE ▼ DISTRICT
C C00549287		3. IS THIS REPORT	(N) OR	× AMENDED (A)	MO 08
	. ,	(b) 12-Day PR	-Election Report for th Primary (12P) Convention (12C)	e: General (12G) Special (12S)	Runoff (12R)
	uarterly Report (Q3)	Election on	M M / D D	/ Y Y Y Y Y	in the State of
January 31 Ye	ear-End Report (YE)	(c) 30-Day <b>PO</b>	T-Election Report for	the:	
		×	General (30G)	Runoff (30R)	Special (30S)
Termination R	eport (TER)	Election on	11 / D D 04	/ Y Y Y Y 2014	in the MO
5. Covering Period	M M / D D 10 / 16	/ Y Y Y Y 2014	through		Y Y Y 2014
I certify that I have examin		-	nowledge and belief it	is true, correct and com	plete.
Type or Print Name of Trea		anks			03 / Y Y Y Y 03 2015
Signature of Treasurer	Mr. Chuck Banks		[Electronically Filed]	Date	
NOTE: Submission of false, Office Use	erroneous, or incomp	ete information may	subject the person sign		EC FORM 3
FE5AN018					Revised 02/2003)

03/03/2015 12 : 43

Image# 15950835707

Γ	-	FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 24
		or Type Committee Name OCKER IN CONGRESS		
R	epor	t Covering the Period: From:	10 / Y Y Y Y 16 / 2014 To:	M M / D D / Y Y Y Y Y 11 24 2014
			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))	145.00	36991.99
	(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))	145.00	36991.99
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	71485.79	171203.81
	(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))	71485.79	171203.81
8.		sh on Hand at Close of porting Period (from Line 27)	66438.18	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on nedule C and/or Schedule D)	200650.00	

## For further information contact:

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

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

Image# 15950835708

#### Image# 15950835709

FEC Form 3 (Revised 07/05)

### POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

PAGE 3 / 24

• If the candidate participated in the general election, use this form for the 30-day Post-General report.

• If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

#### Write or Type Committee Name STOCKER IN CONGRESS 2014 24 2014 Report Covering the Period: From: 10 16 To: 11 I. RECEIPTS COLUMN A COLUMN B COLUMN C **Total this Period** Election Cycle Total as of **Total for** M 11 04 2014 11 05 2014 (date after general election) (date of general election) through 11. CONTRIBUTIONS (other than loans) FROM: M (a) Individuals/Persons Other than 11 24 2014 **Political Committees** (last day of reporting period) Itemized (use Schedule A) (i) 0.00 27699.99 0.00 (ii) Unitemized 0.00 6647.00 0.00 (iii) Total of contributions from individuals 0.00 34346.99 0.00 (b) Political Party Committees 0.00 0.00 0.00 (c) Other Political Committees 145.00 0.00 2645.00

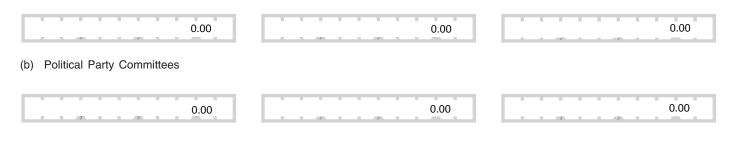
Image# 15950835710

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

	FEC Form 3 (Revised 1/01)		PAGE 4 / 24
	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
	(d) The Candidate		
	0.00	0.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than Ic	pans) (add Lines 11(a)(iii), (b), (c) and (d))	
	145.00	36991.99	0.00
12.	TRANSFERS FROM OTHER AUTHORIZED	COMMITTEES	
	0.00	0.00	0.00
13.	LOANS: (a) Made or Guaranteed by the Candidate		
	0.00	200650.00	0.00
	(b) All Other Loans		
	0.00	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	)	
	0.00	200650.00	0.00
14.	OFFSETS TO OPERATING EXPENDITURES	S (Refunds, rebates, etc.)	
	0.00	0.00	0.00
15.	OTHER RECEIPTS (Dividends, Interest, etc.	)	
	0.00	0.00	0.00
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14	and 15)	
	145.00	237641.99	0.00

Image# 15950835711		
	ECTION DETAILED SUMMARY Report of Receipts and Disbursements	PAGE PAGE 5 / 24
Write or Type Committee Name STOCKER IN CONGRESS		
Report Covering the Period: From:	10 / D D / Y Y Y Y 16 / 2014	To: 11 / 24 / Y Y Y Y 2014
II. DISBURSEMENTS		
COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	1	
71485.79	171203.81	0.00
18. TRANSFERS TO OTHER AUTHORIZED C	OMMITTEES	
0.00	0.00	0.00
<ul><li>19. LOAN REPAYMENTS:</li><li>(a) Of Loans Made or Guaranteed by the</li></ul>	Candidate	
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lin	es 19(a) and 19(b))	
0.00	0.00	0.00
<ul><li>20. REFUNDS OF CONTRIBUTIONS TO:</li><li>(a) Individuals/Persons Other Than Politica</li></ul>	I Committees	



Image# 15950835712

L

POST-ELECTION	DETAILED	SUMMARY	PAGE

d Diak а. .

_	FEC Form 3 (Revised 1/01)		
	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election through * (last day of reporting period) (* See page 5 for dates)
	(c) Other Political Committees (such as PA	Cs)	
	0.00	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (ad	d Lines 20(a), (b) and (c))	
	0.00	0.00	0.00
21.	OTHER DISBURSEMENTS		
	0.00	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18	3, 19(c), 20(d) and 21)	
	71485.79	171203.81	0.00
	III. NET CONTRIBUTIONS (OTHER	THAN LOANS)	
	(Note: Substitute in lieu of Line #6	of Summary Page for this report only; subtr	ract Line 20(d) from Line 11(e))
	145.00	36991.99	0.00
	IV. NET OPERATING EXPENDITUR	 ES	
		<b>ES</b> #7 of Summary Page for this report only; su	btract Line 14 from Line 17)
			ubtract Line 14 from Line 17)
	(Note: Substitute in lieu of Line	#7 of Summary Page for this report only; su 171203.81	
23.	(Note: Substitute in lieu of Line 71485.79	#7 of Summary Page for this report only; su 171203.81 MMARY	
	(Note: Substitute in lieu of Line 71485.79 V. CASH SU	#7 of Summary Page for this report only; su 171203.81 MMARY PRTING PERIOD	0.00
24.	(Note: Substitute in lieu of Line 71485.79 V. CASH SU CASH ON HAND AT BEGINNING OF REPO	#7 of Summary Page for this report only; su 171203.81 MMARY DRTING PERIOD	0.00
24. 25.	(Note: Substitute in lieu of Line 71485.79 V. CASH SU CASH ON HAND AT BEGINNING OF REPO TOTAL RECIEPTS THIS PERIOD (from Line	#7 of Summary Page for this report only; su 171203.81 MMARY DRTING PERIOD	0.00 137778.97 145.00

	ports and Statements may not be sold or used by a	
or for commercial purposes, other th NAME OF COMMITTEE (In Full) STOCKER IN CONGRE	an using the name and address of any political comm	nittee to solicit contributions from such committee.
A. Full Name (Last, First, Middle Initia Mailing Address RR1 BOX 149		Date of Receipt
City Koshkonong FEC ID number of contributing	State Zip Code MO 65692	Transaction ID : SA11C.4482
federal political committee.	Occupation	145.00 contribution meets the Federal requirements for qualifie
Receipt For: 2014 Primary X General Other (specify)	Election Cycle-to-Date	funds
Full Name (Last, First, Middle Initia B. Mailing Address City	al) State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	C Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initia C. Mailing Address	al)	Date of Receipt
City FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State Zip Code C C C C C C C C C C C C C C C C C C C	Amount of Each Receipt this Period
Other (specify)	optional)	145.00

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summan	/ of the	FOR LINE NUMBER: (check only one)         PAGE         8         OF         24           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.	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	Zip Code 63964	001	Amount of Each Disbursement this Period
	Candidate Name STOCKER IN CONGRESS Office Sought: House Senate President Disbursement For Primary Other (s	X General	Category/ Type	Transaction ID : SB17.4488
В.	State:       MO       District:       08         Full Name (Last, First, Middle Initial)         Mike Bell         Mailing Address       2023 Grants Valley Ln			Date of Disbursement
	City State Imperial MO Purpose of Disbursement Technology support Candidate Name STOCKER IN CONGRESS	Zip Code 63052	Category/ Type	Amount of Each Disbursement this Period 1249.00 Transaction ID : SB17.4489
	Office Sought: House Disbursement For Senate President Other (s State: MO District: 08 Full Name (Last, First, Middle Initial)	K General		
C.				Date of Disbursement
	Cape Girardeau MO 6 Purpose of Disbursement advertising	p Code 3703		Amount of Each Disbursement this Period 5304.00 Transaction ID : SB17.4474
	Candidate Name STOCKER IN CONGRESS Office Sought: House Disbursement For Senate President Other (s State: MO District: 08	X General	Category/ Type	
s	UBTOTAL of Disbursements This Page (optional)			11553.00
Т	OTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: (check only one)         PAGE         9         OF         24           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.				Date of Disbursement
	Mailing Address 501 E Washington Street	Zip Code		Amount of Each Disbursement this Period
	Cuba         MO           Purpose of Disbursement advertising         Image: Cuba advertising	65453	004	1659.50
	Candidate Name STOCKER IN CONGRESS Office Sought: Y House Disbursement For	·· 2014	Category/ Type	
	State: MO District: 08	X General		
в.	Full Name (Last, First, Middle Initial) Daily American Republic			Date of Disbursement
	Mailing Address 208 Poplar Street	Zip Codo		10 / D D / Y Y Y Y 10 22 2014
	City State Poplar Bluff MO	Zip Code 63901		Amount of Each Disbursement this Period
	Purpose of Disbursement advertising Candidate Name		004	5817.82 Transaction ID : SB17.4476
	STOCKER IN CONGRESS		Category/ Type	
	Office Sought:     X     House     Disbursement For       Senate     President     X     Primary       Other (s     Other (s	General		
C.	Full Name (Last, First, Middle Initial) Dockins Broadcast Group			Date of Disbursement
	Mailing Address 104 Veterans Dr			10 16 / Y Y Y Y 2014
	-	p Code 3640		Amount of Each Disbursement this Period
	Purpose of Disbursement advertising		004	1210.00 Transaction ID : SB17.4457
_	Candidate Name STOCKER IN CONGRESS Office Sought: House Senate President State: MO District: 08	X General	Category/ Type	
s	UBTOTAL of Disbursements This Page (optional)			8687.32
Т	OTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER:         PAGE         10         OF         24           (check only one)         If         18         19a         19b           20a         20b         20c         21
	ny 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.	Full Name (Last, First, Middle Initial) Houston Herald Mailing Address PO BOX 170			Date of Disbursement
	City State Houston MO Purpose of Disbursement	Zip Code 65483		Amount of Each Disbursement this Period
	advertising Candidate Name STOCKER IN CONGRESS Office Sought: Y House Disbursement For	• 2014	004 Category/ Type	Transaction ID : SB17.4468
	Senate Primary President Other (s State: MO District: 08	X General		
В.	Full Name (Last, First, Middle Initial) KFVS Mailing Address 310 BROADWAY			Date of Disbursement
	City State CAPE GIRARDEAU MO Purpose of Disbursement ADVERTISING	Zip Code 63701		Amount of Each Disbursement this Period 20149.25 Transaction ID : SB17.4459
	Candidate Name STOCKER IN CONGRESS Office Sought: House Disbursement For Senate President Other (s State: MO District: 08	K General	Category/ Type	
C.	Full Name (Last, First, Middle Initial) KFVS Mailing Address 310 BROADWAY			Date of Disbursement
		p Code 3701	004	Amount of Each Disbursement this Period 400.00
	Candidate Name STOCKER IN CONGRESS Office Sought: House Senate President State: MO District: 08	X General	Category/ Type	Transaction ID : SB17.4461
	UBTOTAL of Disbursements This Page (optional)			21587.15

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         11         OF         24           (check only one)         X         17         18         19a         19b           20a         20b         20c         21
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS		
Full Name (Last, First, Middle Initial) A. Leader Publications Mailing Address 503 N Second Street		Date of Disbursement
City State Festus MO Purpose of Disbursement	Zip Code 63028	Amount of Each Disbursement this Period
advertising Candidate Name STOCKER IN CONGRESS	004 Category Type	Transaction ID : SB17.4466
State: MO District: 08		
B. Full Name (Last, First, Middle Initial) Mountain Echo Mailing Address 110 N Main		Date of Disbursement
CityStateIrontonMOPurpose of Disbursement advertisingCandidate Name	Zip Code 63650 004 Category	Amount of Each Disbursement this Period 588.25 Transaction ID : SB17.4478
Office Sought: House Disbursement Fo Senate Primary President Other (s	r: 2014	
Full Name (Last, First, Middle Initial) C. Ourso Beycock Mailing Address 352 Napoleon Street		Date of Disbursement
City State Z	(ip Code 70802	Amount of Each Disbursement this Period
Candidate Name STOCKER IN CONGRESS Office Sought: House Senate President State: MO District: 08	r: 2014	Transaction ID : SB17.4486
SUBTOTAL of Disbursements This Page (optional)		22662.25

	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         12         OF         24           X         17         18         19a         19b           20a         20b         20c         21
or	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) Ozark County Times Mailing Address 36 Court Sq			Date of Disbursement
	City State Gainesville MO	Zip Code 65655		Amount of Each Disbursement this Period
	Purpose of Disbursement advertising Candidate Name		004 Category/	427.05 Transaction ID : SB17.4470
	STOCKER IN CONGRESS         Office Sought:       House         Senate       Primary         President       Other (sp)         State:       MO	General	Туре	
В.	Full Name (Last, First, Middle Initial) Rolla Daily News Mailing Address 101 West 7th			Date of Disbursement
	City State Rolla MO Purpose of Disbursement advertising Candidate Name	Zip Code 65401	004 Category/	Amount of Each Disbursement this Period 2007.30 Transaction ID : SB17.4472
	STOCKER IN CONGRESS         Office Sought:       House         Senate       Primary         President       Other (s)         State:       MO	X General	Туре	
	Full Name (Last, First, Middle Initial) Southeast Missourian			Date of Disbursement
		p Code 3701		10     24     2014       Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising		004 Category/	3528.72 Transaction ID : SB17.4484
	STOCKER IN CONGRESS         Office Sought:       House         Senate       Disbursement For:         President       Other (spin)         State:       MO	X General	Type	
	UBTOTAL of Disbursements This Page (optional)			5963.07

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each categor Detailed Summar	y of the y Page	FOR LINE NUMBER:         PAGE         13         OF         24           (check only one)         X         17         18         19a         19b           20a         20b         20c         21
	y information copied from such Reports and Statements for commercial purposes, other than using the name an NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS			
A.	Full Name (Last, First, Middle Initial) Wayne County Journal Banner			Date of Disbursement
	Mailing Address 101 Wet Elm City State	Zip Code		
	Piedmont MO	63957		Amount of Each Disbursement this Period
	Purpose of Disbursement advertising		004	1033.00 Transaction ID : SB17.4464
	Candidate Name STOCKER IN CONGRESS		Category/ Type	
	Office Sought: House Disbursement F Senate President Other State: MO District: 08			
_	Full Name (Last, First, Middle Initial)			Date of Disbursement
В.				
	Mailing Address			
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		· · ·	
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement F Senate Prima President Other			
	State:     District:       Full Name (Last, First, Middle Initial)			
C.				Date of Disbursement
	Mailing Address			
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	·
	Office Sought:     House     Disbursement F       Senate     Prima       President     Other       State:     District:			
				1033.00
	<b>UBTOTAL</b> of Disbursements This Page (optional) <b>OTAL</b> This Period (last page this line number only)			71485.79

Image# 15950835720					
SCHEDULE C (FEC LOANS	Form 3)			Use separate schedule for each category of t Detailed Summary Pag	he (check only one) X 13a
NAME OF COMMITTEE (IN F STOCKER IN CONG				Transac	ction ID : SC/10.4117
LOAN SOURCE Full Na Mrs. Barbara H Sto	•	Idle Initial)		[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2518 Meredith Dr					Other (specify)
City DeSoto		State MO	ZIP Code 63020	Э	
Desolo		-			
Original Amount of Loan	5000.00	Cumulative Pay	yment To D	0.00 Bala	ance Outstanding at Close of This Period 5000.00
TERMS Date Incur	rred		ate Due	Interest Rate	e Secured:
M 08 <sup>M</sup> / D 20 <sup>D</sup> /		M M / D D	_	31/2014 <sup>×</sup> 0.00	
List All Endorsers or Gu		b 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:	
3. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	-y - 1 - y - 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 Th	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 forv	ward to appropriate line of Summary.

mage# 15950835721									
CHEDULE C (FEC OANS	Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page					
IAME OF COMMITTEE (In FU STOCKER IN CONG	,			Trans	action I	D : SC/10.4119			
LOAN SOURCE Full Nam Mrs. Barbara H Sto		Idle Initial)		[PERSONAL FUNDS]		ction: 2014 Primary General			
Mailing Address 2518 Meredith Dr						Other (specify)	,		
City		State Z	IP Code	•					
DeSoto		MO 6	63020						
Original Amount of Loan	150.00	Cumulative Payme	ent To Da	ate Ba	llance (	Dutstanding at Clo		This F 50.00	'erio
TERMS									_
Date Incurr M08 / D30 / D	ed <sup>7</sup> 2013 <sup>7</sup>	M M / D D /	e Due 12/3	1/2014 <sup>Y</sup> 0.		<b>%</b> (apr)	Secure	×	< No
List All Endorsers or Gua		o Loan Source							
1. Full Name (Last, First,	Middle Initial)		1	Name of Employer					
Mailing Address			(	Dccupation					
City	State	ZIP Code		Amount Guaranteed Dutstanding:	7				
2. Full Name (Last, First, I	Middle Initial)		١	Name of Employer					
Mailing Address			C	Dccupation					
City	State	ZIP Code		Amount Guaranteed Dutstanding:	7				
3. Full Name (Last, First, I	Middle Initial)		١	Name of Employer					
Mailing Address			0	Dccupation					
City	State	ZIP Code	0	Amount Guaranteed Dutstanding:	,	· · · · · ·			
4. Full Name (Last, First, I	Middle Initial)		١	Name of Employer					
Mailing Address			0	Dccupation					
City	State	ZIP Code	0	Amount Guaranteed Dutstanding:	7				
SUBTOTALS This Period Thi						7 T 7	1:	50.00	
Carry outstanding balance o	nly to LINE 3, Sch	edule D, for this li	ne. If no	Schedule D, carry fo	rward	to appropriate lir	ie of S	umm	ary.

Image# 15950835722					
SCHEDULE C (FEC LOANS	Form 3)			Use separate schedule for each category of th	he (check only one) X 13a
				Detailed Summary Pag	13D
NAME OF COMMITTEE (In F STOCKER IN CONG				Transac	ction ID : SC/10.4120
LOAN SOURCE Full Nat	me (Last, First, Mic	Idle Initial)		[PERSONAL FUNDS]	Election: 2014
Mrs. Barbara H Sto	ocker				Primary X General
Mailing Address 2518 Meredith Dr					Other (specify)
City		State	ZIP Code	e	
DeSoto		МО	63020		
Original Amount of Loan	5000.00	Cumulative Pay	rment To D	Date Bala	ance Outstanding at Close of This Period 5000.00
	3000.00		9	0.00	7 7
TERMS Date Incur	red	Da	ate Due	Interest Rate	e Secured:
M09 <sup>M</sup> / D17 <sup>D</sup> /		M M / D D	_	31/2014 <sup>×</sup> 0.00	
List All Endorsers or Gu		o Loan Source			
1. Full Name (Last, First	, 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
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:	y
SUBTOTALS This Period Th					5000.00
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.

Image# 15950835723					
SCHEDULE C (FEC LOANS	; Form 3)			Use separate schedule for each category of t	$\frac{1}{1}$ (check only one) $\times$ 13a
				Detailed Summary Pag	13D
NAME OF COMMITTEE (IN I STOCKER IN CONC	,			Transac	ction ID : SC/10.4181
LOAN SOURCE Full Na	ame (Last, First, Mid	Idle 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		МО	63020		
Original Amount of Loar	n 6000.00	Cumulative Pay	ment To D	Date Bala	ance Outstanding at Close of This Period 6000.00
			7		2 2 2
TERMS Date Incu	ırred	Da	ate Due	Interest Rate	e Secured:
M 10 <sup>M</sup> / D 29 <sup>D</sup> /	2013	M M / D D	<sup>/</sup> 12/3	31/2014 <sup>Y</sup> 0.00	
List All Endorsers or G	uarantors (if any) to	o 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:	
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
SUBTOTALS This Period T					6000.00
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	line. If no	o Schedule D, carry for	ward to appropriate line of Summary.

Image# 15950835724					
SCHEDULE C (FEC	C Form 3)			Use separate schedule for each category of t Detailed Summary Pag	he (check only one) X 13a
NAME OF COMMITTEE (In STOCKER IN CON				Transac	ction ID : SC/10.4182
LOAN SOURCE Full N Mrs. Barbara H St	•	dle Initial)		[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 2518 Meredith Dr					Other (specify)
City		State	ZIP Code	e	
DeSoto		MO	63020		
Original Amount of Loa	n 6000.00	Cumulative Pa	yment To D	0.00 Bala	ance Outstanding at Close of This Period 6000.00
TERMS	7	7			<u> </u>
		M M / D D	Date Due	Interest Rate	
List All Endorsers or G		b Loan Source			
1. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
4. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
SUBTOTALS This Period T	page in this line only	)			6000.00
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry for	vard to appropriate line of Summary.

Mrs. Barbara H Stocker         Mailing Address         2518 Meredith Dr         City       State       ZIP Code         DeSoto       MO       63020         Original Amount of Loan       Cumulative Payment To Dat         Image: State sta	Use separate schedule(s) for each category of the Detailed Summary Page Transaction ID : SC/10.4204
STOCKER IN CONGRESS         LOAN SOURCE Full Name (Last, First, Middle Initial)         Mrs. Barbara H Stocker         Mailing Address         2518 Meredith Dr         City       State       ZIP Code         DeSoto       MO       63020         Original Amount of Loan       Cumulative Payment To Dat         Image: Colspan="2">TERMS         Date Incurred       Date Due         Image: Colspan="2">Image: Colspan="2">Nation: Cumulative Payment To Dat         Image: Colspan="2">Date Incurred         Image: Colspan="2">Mailing Address         Image: Colspan="2">Output: Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan=	
Mrs. Barbara H Stocker         Mailing Address         2518 Meredith Dr         City       State       ZIP Code         DeSoto       MO       63020         Original Amount of Loan       Cumulative Payment To Dat         Image: State sta	
2518 Meredith Dr         City       State       ZIP Code         DeSoto       MO       63020         Original Amount of Loan       Cumulative Payment To Date         Image: State s	[PERSONAL FUNDS] Election: 2014 Primary General
DeSoto     MO     63020       Original Amount of Loan     Cumulative Payment To Date       3000.00     Image: Comparison of Compa	Other (specify)
Original Amount of Loan       Cumulative Payment To Date         Image: Strain Stra	
3000.00         TERMS         Date Incurred       Date Due         M 01 M       D 30 V       Y 2014 Y         M M       D D       Y 12/31/         List All Endorsers or Guarantors (if any) to Loan Source       1. Full Name (Last, First, Middle Initial)       Na         Mailing Address       Oc       An	
Date Incurred       Date Due         M 01       A         M 02       A         M 03       A         M 04       A         M 04       A	te Balance Outstanding at Close of This Period 0.00 3000.00
1. Full Name (Last, First, Middle Initial)       Na         Mailing Address       Oc         An       An	/2014 V 0.00 % (apr)
1. Full Name (Last, First, Middle Initial)       Na         Mailing Address       Oc         An       An	Yes No
An	ame of Employer
	ccupation
	mount uaranteed utstanding:
2. Full Name (Last, First, Middle Initial) Na	ame of Employer
Mailing Address Oc	ccupation
City State ZIP Code Gu	mount uaranteed utstanding:
3. Full Name (Last, First, Middle Initial) Na	ame of Employer
Mailing Address Oc	ccupation
City State ZIP Code Gu	mount uaranteed utstanding:
4. Full Name (Last, First, Middle Initial) Na	ame of Employer
Mailing Address Oc	ccupation
City State ZIP Code Gu	mount uaranteed utstanding:
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 no s	

age# 15950835726							
HEDULE C (FEC	Form 3)			Use separate schedu for each category of Detailed Summary P	the	PAGE 20 FOR LINE NUMBER (check only one)	
ME OF COMMITTEE (In F	,			Transa	action ID	: SC/10.4205	
LOAN SOURCE Full Na Mrs. Barbara H Sto	•	ddle Initial)		[PERSONAL FUNDS]	F	ion: 2014 Primary General	
Mailing Address 2518 Meredith Dr						Other (specify)	
City DeSoto		State MO	ZIP Code 63020	e			
Original Amount of Loan		Cumulative F		Date Ba	lance Ou	utstanding at Close o	of This Pe
	10000.00	,		0.00		10	000.00
TERMS Date Incur		M M / D	Date Due	Interest Ra		Secu	ired:
03 04	Ý Ž014 Ý		12/3	31/2Ď14 <sup>°</sup> 0.0	50	% (apr)	Yes
List All Endorsers or Gu 1. Full Name (Last, First		o Loan Sourc		Name of Employer			
Mailing Address	- <b>,</b>			Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
3. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	· · · · ·	
4. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
JBTOTALS This Period Th				· L		7 7 1(	0000.00
DTALS This Period (last particular particula					rward to	appropriate line of	Sur

nage# 15950835727									
CHEDULE C (FEC DANS	Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page					24 13a 13b
AME OF COMMITTEE (In Fu STOCKER IN CONGI	,			Trans	action I	ID : SC/10.4294			
LOAN SOURCE Full Nam Mrs. Barbara H Stor		Idle Initial)		[PERSONAL FUNDS]		ction: 2014 Primary General			
Mailing Address 2518 Meredith Dr						Other (specify)			
City		State	ZIP Code	e					
DeSoto		MO	63020						
Original Amount of Loan	5000.00	Cumulative Pay	ment To D	Date Ba	alance (	Outstanding at Clo		This F 00.00	
7		7	7	<u> </u>		7 7		-	
TERMS Date Incurre	ed	Da	ate Due	Interest Ra	ate	S	Secure	əd:	
M04 / D25 / Y	Ž014 <sup>Y</sup>	M M / D D	′ <sup>Y</sup> 12/3	31/2014 <sup>°</sup> 0.	00	% (apr)	Ye	×	< No
List All Endorsers or Gua	arantors (if any) to	o Loan Source						<u> </u>	
1. Full Name (Last, First,	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
2. Full Name (Last, First, I	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
3. Full Name (Last, First, I	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7				
4. Full Name (Last, First, I	Middle Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	y 1			
SUBTOTALS This Period This				i			50 <sup>,</sup>	00.00	
Carry outstanding balance o		-			rward	to appropriate lin	e of S	Summ	ary.

Image# 15950835728	
SCHEDULE C (FEC Form 3) .OANS	Use separate schedule(s)       FOR LINE NUMBER:         for each category of the       Check only one)         Detailed Summary Page       I3a
NAME OF COMMITTEE (In Full) STOCKER IN CONGRESS	Transaction ID : SC/10.4295
LOAN SOURCE Full Name (Last, First, Middle Initial) Mrs. Barbara H Stocker	[PERSONAL FUNDS] Election: 2014 Primary General
Mailing Address 2518 Meredith Dr	Other (specify)
CityStateZIP CoDeSotoMO63020	de
Original Amount of Loan Cumulative Payment To 8000.00	Date Balance Outstanding at Close of This Period 0.00 8000.00
TERMS         Date Incurred         Date Due           M05 <sup>M</sup> /         28 <sup>D</sup> /         Y         2014         M         M         /         D         /         Y12	2/ǎ1/2014 <sup>×</sup> 0.00 % (apr) Ves 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	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# 15950835729					
SCHEDULE C (FEC LOANS	Form 3)			Use separate schedule for each category of th Detailed Summary Pag	10 (check only one) X 13a
NAME OF COMMITTEE (IN F STOCKER IN CONC	,			Transac	tion ID : SC/10.4296
LOAN SOURCE Full Na Mrs. Barbara H St		dle Initial)		[PERSONAL FUNDS]	Election: 2014 Primary X General
Mailing Address 2518 Meredith Dr					Other (specify)
City DeSoto		State MO	ZIP Code 63020	9	L
Original Amount of Loar		Cumulative Payr	ment To D		nce Outstanding at Close of This Period
TERMS	2500.00			0.00	2500.00
		Da	ate Due	Interest Rate	
List All Endorsers or Gi 1. Full Name (Last, Firs		b Loan Source		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	-y- 1 - y - 1 - m - 1
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:	g
4. Full Name (Last, First,	, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
SUBTOTALS This Period TI					2500.00
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	line. If no	Schedule D, carry forv	vard to appropriate line of Summary.

age# 15950835730							
HEDULE C (FEC F ANS	Form 3)			Use separate sched for each category of Detailed Summary F	the (check	PAGE 24 INE NUMBER: only one)	OF 24
ME OF COMMITTEE (In Full)				Trans	action ID : SC/10	0.4414	
LOAN SOURCE Full Name Mrs. Barbara H Stoc	•	ddle Initial)		[PERSONAL FUNDS]	Election: 2 Primary General	014	
Mailing Address 2518 Meredith Dr						pecify) 🔻	
City		State	ZIP Code	)			
DeSoto		МО	63020				
Original Amount of Loan	150000.00	Cumulative Pa	yment To D	ate Ba	alance Outstandi		This Perio
TERMS Date Incurred M08 <sup>M</sup> / D11 <sup>D</sup> / Y List All Endorsers or Guar	ž014 <sup>Y</sup>	M M / D D		Interest Ri 11/2014 <sup>Y</sup> 0.	ate 00 % (a	pr)	$\mathbf{X}$
1. Full Name (Last, First, N		O LOAN SOURCE		Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Dutstanding:	- y y		
2. Full Name (Last, First, M	iddle Initial)		1	Name of Employer			
Mailing Address			(	Occupation			
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	y		
3. Full Name (Last, First, M	iddle Initial)		1	Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Dutstanding:			
4. Full Name (Last, First, M	iddle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Dutstanding:	9 9		
<b>UBTOTALS</b> This Period This <b>DTALS</b> This Period (last page	in this line only	y)		· L	· · · · · ·	2006	00.00