

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

**FRIENDS OF TOM STILSON**

ADDRESS (number and street) 390 CASH SPRING ROAD

Check if different than previously reported. (ACC)

OZARK MO 65721

2. **FEC IDENTIFICATION NUMBER** ▼ C C00521229

3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

CITY ▲ MO STATE ▲ 07 ZIP CODE ▲

### 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on M M / D D / Y Y Y Y in the State of  

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

07 / 19 / 2012 through 09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Wanda Martens

Signature of Treasurer Wanda Martens

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y

10 / 15 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**FRIENDS OF TOM STILSON**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	3242.11	12342.76
(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)).....	3242.11	12342.76
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	6563.47	15478.75
(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)).....	6563.47	15478.75
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	161.63	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	3157.12	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 26

- 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

**FRIENDS OF TOM STILSON**

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2012"/> (date of general election)	COLUMN C Total for <input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2012"/> (date after general election)  through <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="2397.11"/>	<input type="text" value="7966.61"/>	<input type="text" value="250.00"/>
(ii) Unitemized		
<input type="text" value="845.00"/>	<input type="text" value="3920.05"/>	<input type="text" value="260.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="3242.11"/>	<input type="text" value="11886.66"/>	<input type="text" value="510.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and 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)
(d) The Candidate		
0.00	456.10	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
3242.11	12342.76	510.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
3157.12	3157.12	0.00
(b) All Other Loans		
0.00	466.11	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
3157.12	3623.23	0.00
14. OFFSETS TO OPERATING EXPENDITURES (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)		
6399.23	15965.99	510.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

**FRIENDS OF TOM STILSON**

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

**II. DISBURSEMENTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="6563.47"/>	<input type="text" value="15478.75"/>	<input type="text" value="369.50"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="466.11"/>	<input type="text" value="466.11"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="466.11"/>	<input type="text" value="466.11"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

## POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 26

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 PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 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, 19(c), 20(d) and 21)		
7029.58	15944.86	369.50

### III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

3242.11	12342.76	510.00
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### IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

6563.47	15478.75	369.50
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### V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	791.98
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	6399.23
25. SUBTOTAL (add Line 23 and Line 24).....	7191.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7029.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	161.63

**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 7 OF 26
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Sheila Brown</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 19 / 2012	
Mailing Address 304 Troy		<b>Transaction ID : SA11AI.4363</b>	
City Jefferson City	State MO	Zip Code 56109	Amount of Each Receipt this Period _____ _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self-Employed	Occupation Medical Transcriptionist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Brad Harrell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 19 / 2012	
Mailing Address 2453 East Raynell Street		<b>Transaction ID : SA11AI.4384</b>	
City Springfield	State MO	Zip Code 65804	Amount of Each Receipt this Period _____ _____ 26.87 In-kind - M&G Signs Window Decal
FEC ID number of contributing federal political committee.		C	
Name of Employer Walgreens	Occupation Manager		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 276.87		

Full Name (Last, First, Middle Initial) <b>C. Brad Harrell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2012	
Mailing Address 2453 East Raynell Street		<b>Transaction ID : SA11AI.4381</b>	
City Springfield	State MO	Zip Code 65804	Amount of Each Receipt this Period _____ _____ 42.99 In-kind - M&G Signs
FEC ID number of contributing federal political committee.		C	
Name of Employer Walgreens	Occupation Manager		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 319.86		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ _____ 169.86
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 8 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

**A.** Full Name (Last, First, Middle Initial)  
**Brad Harrell**

Mailing Address 2453 East Raynell Street

City Springfield State MO Zip Code 65804

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

Name of Employer Walgreens Occupation Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 362.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : SA11AI.4444**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 42.99

In-kind - Campaign Sign

**B.** Full Name (Last, First, Middle Initial)  
**Wanda Martens**

Mailing Address 502 Cash Spring Road

City Ozark State MO Zip Code 65721

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1257.94

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2012

**Transaction ID : SA11AI.4390**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 26.87

In-kind - M&G Signs- Window Decal

**C.** Full Name (Last, First, Middle Initial)  
**Wanda Martens**

Mailing Address 502 Cash Spring Road

City Ozark State MO Zip Code 65721

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1457.94

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2012

**Transaction ID : SA11AI.4373**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

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

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

\_\_\_\_\_ 269.86

\_\_\_\_\_



**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 9 OF 26
	<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	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

**A.** Full Name (Last, First, Middle Initial)  
**Wanda Martens**

Mailing Address 502 Cash Spring Road

City Ozark State MO Zip Code 65721

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1482.23**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 26 / 2012**

**Transaction ID : SA11AI.4400**

Amount of Each Receipt this Period  
**24.29**

In-kind - The Print Group- Signs

**B.** Full Name (Last, First, Middle Initial)  
**Ernie Montanari**

Mailing Address 1280 Civic Drive Suite 200

City Walnut Creek State CA Zip Code 94596

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 09 / 2012**

**Transaction ID : SA11AI.4417**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. William Reynolds**

Mailing Address 1240 East Independence

City Springfield State MO Zip Code 65804

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

Name of Employer Self-Employed Occupation Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 19 / 2012**

**Transaction ID : SA11AI.4374**

Amount of Each Receipt this Period  
**75.00**

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

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

**349.29**

**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 10 OF 26
	<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	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Laura Stilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2012	
Mailing Address 390 Cash Spring Road		<b>Transaction ID : SA11AI.4396</b>	
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period _____ 256.44 In-kind - The Print Group- Campaign Signs
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Self-Employed	Occupation Photographer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1377.29		

Full Name (Last, First, Middle Initial) <b>B. Laura Stilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2012	
Mailing Address 390 Cash Spring Road		<b>Transaction ID : SA11AI.4466</b>	
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period _____ 8.62 In-kind - Sign Cable Ties @ MFA Ozark
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Self-Employed	Occupation Photographer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1385.91		

Full Name (Last, First, Middle Initial) <b>C. Laura Stilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 03 / 2012	
Mailing Address 390 Cash Spring Road		<b>Transaction ID : SA11AI.4460</b>	
City Ozark	State MO	Zip Code 65721	Amount of Each Receipt this Period _____ 37.50 In-kind - Sign Stakes from The Print Group
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Self-Employed	Occupation Photographer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1423.41		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 302.56
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 11 OF 26
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>Robert Stilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2012	
Mailing Address 390 Cash Spring Road		<b>Transaction ID : SA11AI.4464</b>	
City Ozark	State MO	Zip Code 65721	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 135.87 In-kind - Sign Stakes- Lowe's Ozark	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1261.63		

Full Name (Last, First, Middle Initial) <b>Robert Stilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012	
Mailing Address 390 Cash Spring Road		<b>Transaction ID : SA11AI.4462</b>	
City Ozark	State MO	Zip Code 65721	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 116.37 In-kind - Sign Stakes- Lowe's Ozark	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1378.00		

Full Name (Last, First, Middle Initial) <b>Robert Stilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2012	
Mailing Address 390 Cash Spring Road		<b>Transaction ID : SA11AI.4448</b>	
City Ozark	State MO	Zip Code 65721	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 176.80 In-kind - Journal Broadcast Group- Advertising	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1554.80		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	429.04
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 12 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Stilson**

Mailing Address 390 Cash Spring Road

City Ozark State MO Zip Code 65721

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1631.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : SA11AI.4452**

Amount of Each Receipt this Period  
76.50

In-kind - KWTO 560 AM Radio Advertising

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Shane Stilson**

Mailing Address 390 Cash Spring Road

City Ozark State MO Zip Code 65721

FEC ID number of contributing federal political committee. **C** H2MO07101

Name of Employer Bass Pro Shops Occupation Fine Gun Sales/Gunsmith/Range Officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
732.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2012

**Transaction ID : SA11AI.4469**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Kurt Wouk**

Mailing Address 2551 S Campbell Avenue

City Springfield State MO Zip Code 65807

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

Name of Employer Self-Employed Occupation Coin and Bullion

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2012

**Transaction ID : SA11AI.4364**

Amount of Each Receipt this Period  
600.00

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

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

876.50

2397.11

**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 13 OF 26
	<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	

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)  
**FRIENDS OF TOM STILSON**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Shane Stilson**

Mailing Address 390 Cash Spring Road

City Ozark State MO Zip Code 65721

FEC ID number of contributing federal political committee. **C H2MO07101**

Name of Employer Bass Pro Shops Occupation Fine Gun Sales/Gunsmith/Range Officer

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1482.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : SA13A.4412**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 750.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Shane Stilson**

Mailing Address 390 Cash Spring Road

City Ozark State MO Zip Code 65721

FEC ID number of contributing federal political committee. **C H2MO07101**

Name of Employer Bass Pro Shops Occupation Fine Gun Sales/Gunsmith/Range Officer

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2582.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : SA13A.4447**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1100.00

Personal Loan

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Shane Stilson**

Mailing Address 390 Cash Spring Road

City Ozark State MO Zip Code 65721

FEC ID number of contributing federal political committee. **C H2MO07101**

Name of Employer Bass Pro Shops Occupation Fine Gun Sales/Gunsmith/Range Officer

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2720.09

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA13A.4458**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 137.12

Personal Loan for Postage

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

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

\_\_\_\_\_ 1987.12

\_\_\_\_\_

**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 14 OF 26
	<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)  
**FRIENDS OF TOM STILSON**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Shane Stilson**

Mailing Address 390 Cash Spring Road

City Ozark State MO Zip Code 65721

FEC ID number of contributing federal political committee. **C H2MO07101**

Name of Employer Bass Pro Shops Occupation Fine Gun Sales/Gunsmith/Range Officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3890.09**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2012**

**Transaction ID : SA13A.4454**

Amount of Each Receipt this Period  
**1170.00**

Personal Loan

**B.** 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

**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).....

**1170.00**

**3157.12**

**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 15 OF 26			
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Terry Campbell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 587 River View Road		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4411</b>
City Ozark State MO Zip Code 65721	Purpose of Disbursement Services as Campaign Consultant 001 Category/Type	
Candidate Name <b>FRIENDS OF TOM STILSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 07		

Full Name (Last, First, Middle Initial) <b>B. Terry Campbell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 587 River View Road		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4421</b>
City Ozark State MO Zip Code 65721	Purpose of Disbursement Consulting Services Category/Type	
Candidate Name <b>FRIENDS OF TOM STILSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 07		

Full Name (Last, First, Middle Initial) <b>c. Terry Campbell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 587 River View Road		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4433</b>
City Ozark State MO Zip Code 65721	Purpose of Disbursement Consulting Services Rendered 001 Category/Type	
Candidate Name <b>FRIENDS OF TOM STILSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<b>TOTAL</b> 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 16 OF 26			
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Terry Campbell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2012
Mailing Address 587 River View Road		Amount of Each Disbursement this Period 12.38 <b>Transaction ID : SB17.4446</b>
City Ozark	State MO	
Purpose of Disbursement Reimbursement for Gas Expenses		Category/ Type 002
Candidate Name <b>FRIENDS OF TOM STILSON</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO	District: 07	

Full Name (Last, First, Middle Initial) <b>B. Journal Broadcast Group</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address P.O. Box 203602		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : SB17.4450</b>
City Dallas	State TX	
Purpose of Disbursement Radio Advertising		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. KWTO 560 AM</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address PO Box 3925		Amount of Each Disbursement this Period 1170.00 <b>Transaction ID : SB17.4455</b>
City Springfield	State MO	
Purpose of Disbursement Radio Advertising		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2282.38
<b>TOTAL</b> 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 17 OF 26			
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Wanda Martens</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012		
Mailing Address 502 Cash Spring Road			Amount of Each Disbursement this Period 26.87		
City Ozark	State MO	Zip Code 65721	Transaction ID : SB17.4391		
Purpose of Disbursement In-kind - M&G Signs- Window Decal		004 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Wanda Martens</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012		
Mailing Address 502 Cash Spring Road			Amount of Each Disbursement this Period 24.29		
City Ozark	State MO	Zip Code 65721	Transaction ID : SB17.4401		
Purpose of Disbursement In-kind - The Print Group- Signs		004 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Laura Stilson</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012		
Mailing Address 390 Cash Spring Road			Amount of Each Disbursement this Period 256.44		
City Ozark	State MO	Zip Code 65721	Transaction ID : SB17.4397		
Purpose of Disbursement In-kind - The Print Group- Campaign Signs		004 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	307.60
<b>TOTAL</b> 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 18 OF 26	
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Laura Stilson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 8.62 <b>Transaction ID : SB17.4467</b>
City Ozark	State MO	
Zip Code 65721	Purpose of Disbursement In-kind - Sign Cable Ties @ MFA Ozark	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Laura Stilson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 37.50 <b>Transaction ID : SB17.4461</b>
City Ozark	State MO	
Zip Code 65721	Purpose of Disbursement In-kind - Sign Stakes from The Print Group	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Robert Stilson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 135.87 <b>Transaction ID : SB17.4465</b>
City Ozark	State MO	
Zip Code 65721	Purpose of Disbursement In-kind - Sign Stakes- Lowe's Ozark	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	181.99
<b>TOTAL</b> 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 19 OF 26			
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Robert Stilson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 116.37 <b>Transaction ID : SB17.4463</b>
City Ozark	State MO Zip Code 65721	
Purpose of Disbursement In-kind - Sign Stakes- Lowe's Ozark		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert Stilson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 176.80 <b>Transaction ID : SB17.4449</b>
City Ozark	State MO Zip Code 65721	
Purpose of Disbursement In-kind - Journal Broadcast Group- Advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert Stilson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 390 Cash Spring Road		Amount of Each Disbursement this Period 76.50 <b>Transaction ID : SB17.4453</b>
City Ozark	State MO Zip Code 65721	
Purpose of Disbursement In-kind - KWTO 560 AM Radio Advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	369.67
<b>TOTAL</b> 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 20 OF 26	
	<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)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. The Print Group</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 1440 West Skyline Avenue		Amount of Each Disbursement this Period 971.78 <b>Transaction ID : SB17.4347</b>
City Ozark State MO Zip Code 65721	Purpose of Disbursement Campaign Signs 004 Category/Type	
Candidate Name <b>FRIENDS OF TOM STILSON</b>		Amount of Each Disbursement this Period 1241.71 <b>Transaction ID : SB17.4413</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. The Print Group</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 1440 West Skyline Avenue		Amount of Each Disbursement this Period 1241.71 <b>Transaction ID : SB17.4413</b>
City Ozark State MO Zip Code 65721	Purpose of Disbursement Campaign Signs 004 Category/Type	
Candidate Name <b>FRIENDS OF TOM STILSON</b>		Amount of Each Disbursement this Period 2213.49
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</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		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2213.49
<b>TOTAL</b> This Period (last page this line number only).....	6105.13

**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 21 OF 26	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF TOM STILSON**

Full Name (Last, First, Middle Initial) <b>A. Matthew Ennis</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 1422 West Sackett		Amount of Each Disbursement this Period 466.11 <b>Transaction ID : SB19B.4345</b>
City Springfield	State MO Zip Code 65807	
Purpose of Disbursement Repayment of Loan		Category/ Type
Candidate Name <b>FRIENDS OF TOM STILSON</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 07		

Full Name (Last, First, Middle Initial) <b>B.</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) <b>C.</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	466.11
<b>TOTAL</b> This Period (last page this line number only).....	466.11

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF TOM STILSON** Transaction ID : **SC/10.4412**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Thomas Shane Stilson	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 390 Cash Spring Road		

City	State	ZIP Code
Ozark	MO	65721

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 27 / Y 2012	M M / D D / Y N/A	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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="750.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4447

**FRIENDS OF TOM STILSON**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

Thomas Shane Stilson

Primary

General

Other (specify) ▼

Mailing Address

390 Cash Spring Road

City

State

ZIP Code

Ozark

MO

65721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1100.00

0.00

1100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 07 M

D 31 D

Y 2012 Y

M M

D D

Y N/A Y

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1100.00

**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) **FRIENDS OF TOM STILSON** Transaction ID : **SC/10.4458**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Thomas Shane Stilson**  Primary  
 Mailing Address 390 Cash Spring Road  General  
 Other (specify) ▼

City State ZIP Code  
 Ozark MO 65721

Original Amount of Loan 137.12	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 137.12
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**TERMS**

Date Incurred M 08 / D 02 / Y 2012	Date Due M / D / Y N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 137.12
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		



**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF TOM STILSON** Transaction ID : **SC/10.4454**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Thomas Shane Stilson**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 390 Cash Spring Road  
 City State ZIP Code  
 Ozark MO 65721

Original Amount of Loan 1170.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1170.00
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**TERMS**  
 Date Incurred: M 08 / D 03 / Y 2012  
 Date Due: M / D / Y N/A  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 1170.00  
**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) **FRIENDS OF TOM STILSON** Transaction ID : **SC/10.4250**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Matthew Ennis</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1422 West Sackett	

City	State	ZIP Code
Springfield	MO	65807

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
466.11	466.11	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 17 / 2012	Paid July 12	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>TOTALS</b> This Period (last page in this line only).....	3157.12
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	