FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1		UNGAN	IZATION	20	Julia II Milli Co
				j	EGACHA HAYCENTER
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	e Example: If typing, ty over the lines.	^{rpe} 12FE4M5	٠.
Stocker in	Congr	ess	1 1 1 1 1 1 1 1 1		
	1		111111		
ADDRESS (number a	nd street)	P.O.BOX 2	43		
(Check if a is changed)		Silva		MO	63964
			СІТҮ	STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only o	one e-mail address)		
(Check if	address			 	
is change					
COMMITTEE'S WEB	PAGE ADD	RESS (URL)			
(Check if	address				
is change			<u> </u>		
2. DATE Ö	3°′′ 30	° ′ 2013			
3. FEC IDENTIFIC	CATION NU	IMBER C	;		
4. IS THIS STATE	MENT 🔀	NEW (N) OI	R AMENDED	(A)	
I certify that I have o	examined the	is Statement and to the	best of my knowledge and t	belief it is true, correct	t and complete.
Type or Print Name	of Treasurer	Chuck Bar	nks		
Signature of Treasure	er	Chuck R	Bank	_ Date 09	" ′ Ö4° ′ Ż0'13
NOTE: Submission of		•	ation may subject the person s MATION SHOULD BE REPOR		the penalties of 2 U.S.C. §437g.
Office Use			For further Inform Federal Election C Toll Free 800-424-	ommission	FEC FORM 1 (Revised 02/2009)

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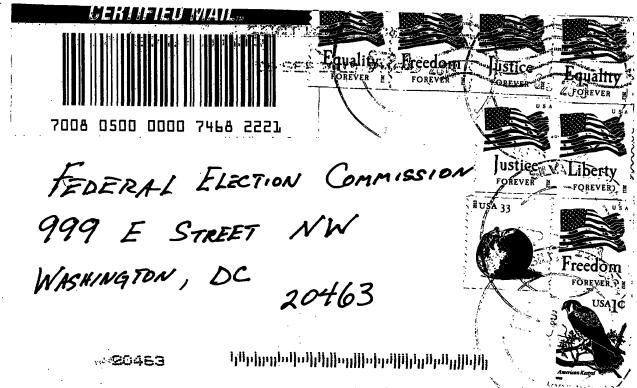
ı	ļ	FEC Fo	m 1 (Revised 02/2009)	Page 2
5.	TYPI	E OF C	OMMITTEE	
	Can	didate	Commitae:	
•	(a)	M	This committee is a principal campaign committee. (Complete the candidate information below	.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate
	Name Cand	e of didate	Barbara Hamill Stocker	
		didatu	on DEM Sought X House Senate President	State MO
	Pany	/ Affiliation	on DEIVI Sought: X House Senate President	District 08
	(c)	\times	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand	e of didate	Barbara Hamill Stocker	
	Parl	ty Con	imittee:	
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Poli	tical A	ction Committee (PAC):	
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trede Association	Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or party
			In addition, this committee is a LebbyistifRegistrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Join	t Fund	raising Representative:	· -
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for	
		L	committees/organizations, none of which is an authorized committee of a federal candidate.	
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC 1D Humber C	
		3.	FEC ID number C	
		4.	FEC ID number C	

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Write or Type Comm		· · · · · · · · · · · · · · · · · · ·
Stocker in	Congress	
	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
	<u> </u>	
	1111111111111111	
Mailing Address		
	111111111111111111111111111111111111111	. 1-1 1
	CITY STATE	ZIP CODE
Relationship:	Connected Organization	dership PAC Sponsor
Helauorianip.		delamp i 710 opensor
7. Custodian of Re books and record	ecerds: Identify by name, address (phone number - optional) and position of the person in position.	session of committee
Full Name	Chuck Banks	1
	HC1 BOX 1550	
Mailing Address		
	ıSilva	<u> </u>
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number [314] - [62]	3 2053
	he name and address (phone number optional) of the treasurer of the committee; and the name agent (e.g., assistant treasurer).	ne and address of
Full Name of Treasurer	Chuck Banks	
Mailing Address	PO BOX 243	
		11111
	Silva MO 63964	
	CITY STATE 2	ZIP CODE
Title or Position Treasurer		32053

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Full Name of Designated Agent	1	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	<u> </u>
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits f	unds, holds accounts, rents
Banks or Other safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc.	unds, holds accounts, rents
safety deposit b	Depository, etc. First Midwest Bank of the Ozarks	unds, holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. First Midwest Bank of the Ozarks	unds, holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. First Midwest Bank of the Ozarks	unds, holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. First Midwest Bank of the Ozarks PO BOX 398 PO	
safety deposit b Name of Bank,	Piedmont CITY STATE	[63964,]-
safety deposit b Name of Bank, Mailing Address	Piedmont CITY STATE	[63964,]-
safety deposit b Name of Bank, Mailing Address	Piedmont City State Depository, etc.	[63964]
safety deposit b Name of Bank, Mailing Address Name of Bank,	Piedmont City State Depository, etc.	[63964]
safety deposit b Name of Bank, Mailing Address Name of Bank,	Piedmont City State Depository, etc.	[63964]

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DATE PREPARED

(8/2013)

PREPARER