

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 Hampton For Congress

ADDRESS (number and street) PO Box 1773 West Plains MO 65775

2. FEC IDENTIFICATION NUMBER C C00564963 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT MO 08

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 11 / 04 / 2014 in the State of MO (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 01 / 01 / 2014 through 10 / 15 / 2014

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 Terry Hampton

Signature of Treasurer Terry Hampton [Electronically Filed] Date 10 / 22 / 2014

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Hampton For Congress**

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

	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))....	4353.25	4353.25
(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)).....	4353.25	4353.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3311.32	3311.32
(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)).....	3311.32	3311.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2083.86	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Hampton For Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1966.00	1966.00
(ii) Unitemized.....	2387.25	2387.25
(iii) TOTAL of contributions from individuals ▶	4353.25	4353.25
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4353.25	4353.25
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4353.25	4353.25

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3311.32	3311.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3311.32	3311.32

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1041.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4353.25
25. SUBTOTAL (add Line 23 and Line 24).....	5395.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3311.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2083.86

**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 5 OF 8
	<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	

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)  
**Hampton For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Abby Corman**

Mailing Address 414 Thayer Ave

City State Zip Code  
West Plains MO 65775

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

Name of Employer self employed Occupation Certified Drugscreen collector

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SA11AI.4199**

Amount of Each Receipt this Period  
450.00

In-kind -

**B.** Full Name (Last, First, Middle Initial)  
**Abby Corman**

Mailing Address 414 Thayer Ave

City State Zip Code  
West Plains MO 65775

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

Name of Employer self employed Occupation Certified Drugscreen collector

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 05 / 2014

**Transaction ID : SA11AI.4201**

Amount of Each Receipt this Period  
450.00

In-kind -

**C.** Full Name (Last, First, Middle Initial)  
**John Feller**

Mailing Address 10903 CR 6690

City State Zip Code  
West Plains MO 65775

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

Name of Employer self-employed Occupation Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.4169**

Amount of Each Receipt this Period  
500.00

check

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

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

1400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 8
	<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)  
**Hampton For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kaye Hicks**

Mailing Address 4699 ST RT AB

City State Zip Code  
West Plains MO 65775

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

Name of Employer Occupation  
Dale Hammond, Inc. DBA Time & Retail Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2014

**Transaction ID : SA11AI.4157**

Amount of Each Receipt this Period  
300.00  
check

**B.** Full Name (Last, First, Middle Initial)  
**Danette House**

Mailing Address 5032 Creek 8940

City State Zip Code  
West Plains MO 65775

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

Name of Employer Occupation  
Glenwood Schools Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
216.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 07 / 2014

**Transaction ID : SA11AI.4166**

Amount of Each Receipt this Period  
16.00  
cash

**C.** Full Name (Last, First, Middle Initial)  
**Jane Ryan**

Mailing Address 36977 Cedar Lane

City State Zip Code  
Campbell MO 63933

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

Name of Employer Occupation  
self employed farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 07 / 2014

**Transaction ID : SA11AI.4177**

Amount of Each Receipt this Period  
250.00  
check

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

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

566.00

1966.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 8	
	<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)  
**Hampton For Congress**

Full Name (Last, First, Middle Initial) <b>A. Abby Corman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 414 Thayer Ave		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.4203</b>
City West Plains	State MO	
Zip Code 65775	Purpose of Disbursement In-kind -	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Abby Corman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 414 Thayer Ave		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.4202</b>
City West Plains	State MO	
Zip Code 65775	Purpose of Disbursement In-kind -	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Imperial Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 408 Washington Avenue		Amount of Each Disbursement this Period 956.44 <b>Transaction ID : SB17.4244</b>
City West Plains	State MO	
Zip Code 65775	Purpose of Disbursement yard signs	Category/ Type 006
Candidate Name <b>Hampton For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MO District: 08	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1856.44
<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 8 OF 8	
	<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)  
**Hampton For Congress**

Full Name (Last, First, Middle Initial) <b>A. STAKE WORLD LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 407 N. Michigan		Amount of Each Disbursement this Period 292.02 <b>Transaction ID : SB17.4249</b>
City Davenport	State IA Zip Code 52804	
Purpose of Disbursement signholders	Category/Type 006	
Candidate Name <b>Hampton For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 08		

Full Name (Last, First, Middle Initial) <b>B. STICKERSBANNERS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 3741 Venture Drive		Amount of Each Disbursement this Period 420.00 <b>Transaction ID : SB17.4247</b>
City Duluth	State GA Zip Code 30096	
Purpose of Disbursement bumper stickers	Category/Type 006	
Candidate Name <b>Hampton For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 08		

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).....	712.02
<b>TOTAL</b> This Period (last page this line number only).....	2568.46