

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 MOLL FOR CONGRESS INC

ADDRESS (number and street) PO BOX 21795 HOT SPRINGS AR 71903 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00548255 3. IS THIS REPORT NEW (N) OR AMENDED (A) AR 04 CITY STATE ZIP CODE STATE DISTRICT

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 05 / 01 / 2014 through 06 / 30 / 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 HOWARD VERNON

Signature of Treasurer HOWARD VERNON [Electronically Filed] Date 07 / 15 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MOLL FOR CONGRESS INC

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))....	17109.18	581561.56
(b) Total Contribution Refunds (from Line 20(d))	118620.89	121420.89
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-101511.71	460140.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	292224.05	509686.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	768.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	292224.05	508918.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1171.79	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	50000.00	

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

MOLL FOR CONGRESS INC

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6337.46	508576.34
(ii) Unitemized.....	1106.99	29725.42
(iii) TOTAL of contributions from individuals ▶	7444.45	538301.76
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8500.00	27000.00
(d) The Candidate.....	1164.73	16259.80
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17109.18	581561.56
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	50000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	768.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	67109.18	632329.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	292224.05	509686.88
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	117620.89	120420.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	118620.89	121420.89
21. OTHER DISBURSEMENTS	50.00	50.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	410894.94	631157.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	344957.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	67109.18
25. SUBTOTAL (add Line 23 and Line 24).....	412066.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	410894.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1171.79

**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 46
	<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)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Mike Akin

Mailing Address 2122 Highway 35 W

City Monticello State AR Zip Code 71655

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

Name of Employer Akin Hospitality Inc. Occupation Hospitality

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.6824

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
JB Belinfante

Mailing Address 6414 Paulson Place

City Sandy Springs State GA Zip Code 30328

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

Name of Employer Robbins Firm Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.6827

Amount of Each Receipt this Period
 500.00

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

Mailing Address 614 N. Jefferson

City Magnolia State AR Zip Code 71753

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

Name of Employer B&D Equipment Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.6801

Amount of Each Receipt this Period
 500.00

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

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

1500.00

**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 46
	<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)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Curt Green

Mailing Address 3416 Jack Cullen Drive

City State Zip Code
Texarkana AR 71854

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

Name of Employer Occupation
Curt Green & Company LLC Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1006.99

Date of Receipt
 M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.6793

Amount of Each Receipt this Period
6.99

In-kind - Internet Services

B. Full Name (Last, First, Middle Initial)
William B Johns

Mailing Address 2600 Mesa Dr

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
Inland Energy President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6440

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Stuart Jones Jr.

Mailing Address Abu Dhabi

City State Zip Code
Abu Dhabi AE 09825

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

Name of Employer Occupation
Ernst & Young Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.6799

Amount of Each Receipt this Period
300.00

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

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

1306.99

**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 46
	<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)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
John S. McClendon

Mailing Address PO Box 210

City Monticello State AR Zip Code 71657

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

Name of Employer Drew Cotton Seed Oil Mill Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.6820

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
John S. McClendon

Mailing Address PO Box 210

City Monticello State AR Zip Code 71657

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

Name of Employer Drew Cotton Seed Oil Mill Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.6833

Amount of Each Receipt this Period
 79.51

In-kind - Catering

C. Full Name (Last, First, Middle Initial)
William R. Newbold

Mailing Address 12001 Mathews Lane

City Fort Smith State AR Zip Code 72916

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6832

Amount of Each Receipt this Period
 100.00

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

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

479.51

**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 46
	<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)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Joe Rumsey

Mailing Address PO Box 6209

City Fort Smith State AR Zip Code 72906

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

Name of Employer Zero Mountain Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.6806

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Robert J. Staten

Mailing Address 12 Chimney Sweep Lane

City Little Rock State AR Zip Code 72212

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

Name of Employer Stephens Inc. Occupation Banking

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.6797

Amount of Each Receipt this Period
 750.00

C. Full Name (Last, First, Middle Initial)
Philip A Tappan

Mailing Address 8 East Palisades

City Little Rock State AR Zip Code 72202

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

Name of Employer Self Employed Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11AI.6795

Amount of Each Receipt this Period
 50.96
 In-kind - Catering

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

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

1050.96

**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 46
	<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)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Mark Valente III

Mailing Address **Hamilton Square - 5th Floor**
600 Fourteenth St. NW

City **Washington** State **DC** Zip Code **20005**

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

Name of Employer **Valente & Associates** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2350.00

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

Transaction ID : SA11Al.6628

Amount of Each Receipt this Period
2000.00

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).....

2000.00

6337.46

**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 46
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
PROSPERITY ACTION INC.

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11C.6642

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
TACO POLITICAL ACTION COMMITTEE

Mailing Address 6405 METCALF AVENUE, SUITE 503

City SHAWNEE MISSION State KS Zip Code 66202

FEC ID number of contributing federal political committee. **C** C00330118

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2014

Transaction ID : SA11C.6654

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.6639

Amount of Each Receipt this Period
 2500.00

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

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

8500.00

8500.00

**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 11 OF 46
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014	
Mailing Address PO BOX 21795		Transaction ID : SA11D.6645	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 96.81 In-kind - Travel Expenses - Lodging Hotels.com
FEC ID number of contributing federal political committee. C H4AR04055		Name of Employer Self Employed	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Investor	
Election Cycle-to-Date _____ 65191.88			

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address PO BOX 21795		Transaction ID : SA11D.6643	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 961.52 In-kind - MTD Transportation Cost - Mileage
FEC ID number of contributing federal political committee. C H4AR04055		Name of Employer Self Employed	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Investor	
Election Cycle-to-Date _____ 66153.40			

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address PO BOX 21795		Transaction ID : SA11D.6474	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 106.40 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055		Name of Employer Self Employed	
Receipt For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Investor	
Election Cycle-to-Date _____ 66259.80			

SUBTOTAL of Receipts This Page (optional).....	_____ 1164.73
TOTAL This Period (last page this line number only).....	_____ 1164.73

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

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

FOR LINE NUMBER:		PAGE 12 OF 46	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
THOMAS MOLL

Mailing Address **PO BOX 21795**

City **HOT SPRINGS** State **AR** Zip Code **71903**

FEC ID number of contributing federal political committee. **C H4AR04055**

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
65095.07

Date of Receipt
05 / 05 / 2014

Transaction ID : SA13A.6447

Amount of Each Receipt this Period
50000.00

Loan from personal funds

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

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

Amount of Each Receipt this Period

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

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

50000.00

50000.00

**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 13 OF 46			
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Airnet Group Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 11181		Amount of Each Disbursement this Period 361.71 Transaction ID : SB17.6718
City Chattanooga	State TN	
Zip Code 37401	Purpose of Disbursement Telecommunications	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. Arkansas Federation of Young Republicans		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address PO Box 2472		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.6664
City Little Rock	State AR	
Zip Code 72203	Purpose of Disbursement Debate Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ARVEST BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 4570 CENTRAL AVE		Amount of Each Disbursement this Period 48.08 Transaction ID : SB17.6792
City HOT SPRINGS	State AR	
Zip Code 71913	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	361.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 46			
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Automatic Data Processing		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		19		2014
M M	/	D D	/	Y Y Y Y									
05		19		2014									
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Alpharetta</td> <td>GA</td> <td>30005</td> </tr> </table>		City	State	Zip Code	Alpharetta	GA	30005	<table border="1"> <tr> <td>57.72</td> </tr> </table>		57.72			
City	State	Zip Code											
Alpharetta	GA	30005											
57.72													
Purpose of Disbursement Payroll Services		Transaction ID : SB17.6693											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> President				
<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary		<input type="checkbox"/> General									
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)											
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Automatic Data Processing		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		27		2014
M M	/	D D	/	Y Y Y Y									
05		27		2014									
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Alpharetta</td> <td>GA</td> <td>30005</td> </tr> </table>		City	State	Zip Code	Alpharetta	GA	30005	<table border="1"> <tr> <td>107.50</td> </tr> </table>		107.50			
City	State	Zip Code											
Alpharetta	GA	30005											
107.50													
Purpose of Disbursement Payroll Services		Transaction ID : SB17.6694											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> President				
<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary		<input type="checkbox"/> General									
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)											
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Automatic Data Processing		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		02		2014
M M	/	D D	/	Y Y Y Y									
06		02		2014									
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Alpharetta</td> <td>GA</td> <td>30005</td> </tr> </table>		City	State	Zip Code	Alpharetta	GA	30005	<table border="1"> <tr> <td>21.06</td> </tr> </table>		21.06			
City	State	Zip Code											
Alpharetta	GA	30005											
21.06													
Purpose of Disbursement Payroll Services		Transaction ID : SB17.6695											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> President				
<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary		<input type="checkbox"/> General									
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)											
<input type="checkbox"/> President													
State:	District:												

SUBTOTAL of Disbursements This Page (optional).....	186.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 46			
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Automatic Data Processing		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 107.50
City Alpharetta	State GA	
Zip Code 30005		
Purpose of Disbursement Payroll Services		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. Automatic Data Processing		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 56.95
City Alpharetta	State GA	
Zip Code 30005		
Purpose of Disbursement Payroll Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Cigainero Enterprises		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 2828 S. State Line Ave.		Amount of Each Disbursement this Period 374.69
City Texarkana	State TX	
Zip Code 75501		
Purpose of Disbursement Printing Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	539.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 46	
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Direct Media Solutions		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 461		Amount of Each Disbursement this Period 25969.28
City Jackson	State MO	
Zip Code 63755	Purpose of Disbursement Printing Fees	Transaction ID : SB17.6708
Candidate Name	Category/Type	
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. Gober Hilgers PLLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 2250.00
City Dallas	State TX	
Zip Code 75201	Purpose of Disbursement Legal Consulting	Transaction ID : SB17.6676
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Gober Hilgers PLLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 2500.00
City Dallas	State TX	
Zip Code 75201	Purpose of Disbursement Legal Consulting	Transaction ID : SB17.6678
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30719.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 46	
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Gober Hilgers PLLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.6677
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal Consulting	
Candidate Name	Category/Type	
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. Hotels.com		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 5400 LBJ Freeway Ste. 500		Amount of Each Disbursement this Period 96.81 Transaction ID : SB17.6648 [MEMO ITEM]
City Dallas State TX Zip Code 75240	Purpose of Disbursement In-kind - Travel Expenses - Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 4407 Central Ave.		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.6720
City Hot Springs State AR Zip Code 71913	Purpose of Disbursement Telecommunications	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Mary Moll		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4718 South 96th St.		Amount of Each Disbursement this Period 687.25 Transaction ID : SB17.6728
City Fort Smith	State AR	
Zip Code 72903	Purpose of Disbursement Catering Reimbursement - See Memos Walmark Sams Club	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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 96.81 Transaction ID : SB17.6646
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Travel Expenses - Lodging Hotels.com	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 04	

Full Name (Last, First, Middle Initial) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 961.52 Transaction ID : SB17.6644
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - MTD Transportation Cost - Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 04	

SUBTOTAL of Disbursements This Page (optional).....	1745.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46			
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 106.40 Transaction ID : SB17.6475
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR	District: 04	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) B. Moll Printing Co		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1012 Linn Street		Amount of Each Disbursement this Period 8045.90 Transaction ID : SB17.6710
City Sikeston	State MO	
Zip Code 63801	Purpose of Disbursement Printing Fees	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	
State:	District:	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) C. NetBoots		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 9043 Soquel Drive		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.6674
City Aptos	State CA	
Zip Code 95003	Purpose of Disbursement Internet Services	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	
State:	District:	<input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....	8302.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46			
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 98.00
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Transaction ID : SB17.6698
Candidate Name	Category/ Type	
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. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 49.00
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Transaction ID : SB17.6699
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. PayPal Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 57.50
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Merchant Fees	Transaction ID : SB17.6657
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	204.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46			
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Pines Realty		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 10 Wingfield Circle		Amount of Each Disbursement this Period 1719.50 Transaction ID : SB17.6682
City Little Rock	State AR Zip Code 72205	
Purpose of Disbursement Location Rental	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. RedRight Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 600254		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6675
City Dallas	State TX Zip Code 75360	
Purpose of Disbursement Internet Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tina Shelby		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 640 Arkridge Road Unit J-3		Amount of Each Disbursement this Period 488.75 Transaction ID : SB17.6730
City Hot Springs	State AR Zip Code 71913	
Purpose of Disbursement Catering Reimbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4208.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 46	
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Peter Somerville		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 2700.00 Transaction ID : SB17.6711
City Hot Spring	State AR	
Zip Code 71903	Purpose of Disbursement Staff Payroll	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. Peter Somerville		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 2700.00 Transaction ID : SB17.6712
City Hot Spring	State AR	
Zip Code 71903	Purpose of Disbursement Staff Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. The Sams Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 900 S Bowman Rd		Amount of Each Disbursement this Period 391.76 Transaction ID : SB17.6848 [MEMO ITEM]
City Little Rock	State AR	
Zip Code 72211	Purpose of Disbursement M. Moll Reimbursement - Catering Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 46			
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. The Sentinel Record Hot Springs		Date of Disbursement
Mailing Address 300 Spring Street		M M / D D / Y Y Y Y 05 / 20 / 2014
City Hot Springs	State AR	Zip Code 71902
Purpose of Disbursement Print Advertisement	Candidate Name	Amount of Each Disbursement this Period 605.85
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:	Transaction ID : SB17.6704

Full Name (Last, First, Middle Initial) B. The Theodore Company		Date of Disbursement
Mailing Address PO Box 320412		M M / D D / Y Y Y Y 05 / 28 / 2014
City Alexandria	State VA	Zip Code 22320
Purpose of Disbursement Consulting Services	Candidate Name	Amount of Each Disbursement this Period 2350.00
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:	Transaction ID : SB17.6662

Full Name (Last, First, Middle Initial) c. The Theodore Company LLC		Date of Disbursement
Mailing Address PO Box 320412		M M / D D / Y Y Y Y 05 / 13 / 2014
City Alexandria	State VA	Zip Code 22320
Purpose of Disbursement Consulting Services	Candidate Name	Amount of Each Disbursement this Period 669.95
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:	Transaction ID : SB17.6663

SUBTOTAL of Disbursements This Page (optional).....	3625.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 46			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. The Wickers Group LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1819 Polk Street #373		Amount of Each Disbursement this Period 191545.80
City San Francisco	State CA Zip Code 94109	
Purpose of Disbursement Media Consulting	Category/Type	Transaction ID : SB17.6684
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. The Wickers Group LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1819 Polk Street #373		Amount of Each Disbursement this Period 35000.00
City San Francisco	State CA Zip Code 94109	
Purpose of Disbursement Media Consulting	Category/Type	Transaction ID : SB17.6685
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Wickers Group LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1819 Polk Street #373		Amount of Each Disbursement this Period 4500.00
City San Francisco	State CA Zip Code 94109	
Purpose of Disbursement Media Consulting	Category/Type	Transaction ID : SB17.6686
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	231045.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 46			
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. The Wickers Group LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014		
Mailing Address 1819 Polk Street #373			Amount of Each Disbursement this Period 631.15		
City San Francisco	State CA	Zip Code 94109	Transaction ID : SB17.6687		
Purpose of Disbursement Media Consulting		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. Total Management Inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014		
Mailing Address 2106 Jenny Lind			Amount of Each Disbursement this Period 1150.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : SB17.6722		
Purpose of Disbursement Telecommunications		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. US EFTPS			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014		
Mailing Address 1500 Pennsylvania Avenue NW			Amount of Each Disbursement this Period 206.55		
City Washington	State DC	Zip Code 20220	Transaction ID : SB17.6669		
Purpose of Disbursement Federal Tax and Insurance Payments		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1987.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 46			
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. US EFTPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 206.55
City Washington State DC Zip Code 20220	Purpose of Disbursement Federal Tax and Insurance Payments	
Candidate Name	Category/Type	Transaction ID : SB17.6670
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. Wal-Mart		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4019 Central Ave.		Amount of Each Disbursement this Period 277.42
City Hot Springs State AR Zip Code 71913	Purpose of Disbursement M. Moll Reimbursement - Catering Reimbursement	
Candidate Name	Category/Type	Transaction ID : SB17.6840 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. Walmart		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 4019 Central Ave.		Amount of Each Disbursement this Period 100.11
City Hot Springs State AR Zip Code 71913	Purpose of Disbursement Telecommunications	
Candidate Name	Category/Type	Transaction ID : SB17.6725
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	306.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 46			
	<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)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Walmart		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 4019 Central Ave.		Amount of Each Disbursement this Period 21.64
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Telecommunications	Transaction ID : SB17.6726
Candidate Name	Category/ Type	
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	21.64
TOTAL This Period (last page this line number only).....	291179.64

**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 28 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Christina Chandra		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 40 Magnolia Ave.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6766
City Larchmont	State NY	
Zip Code 10538	Purpose of Disbursement Contribution Refund - Runoff	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. Carl Corley		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 2905 North 32nd		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6731
City Fort Smith	State AR	
Zip Code 72904	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Claiborne Deming		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1502 Euclid Avenue		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6767
City El Dorado	State AR	
Zip Code 71730	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Mr. Remmel T. Dickinson		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1 Tree Tops Lane Apt 802		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6768
City Little Rock	State AR Zip Code 72202	
Purpose of Disbursement Contribution Refund - Runoff		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. Mr. Remmel T. Dickinson		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1 Tree Tops Lane Apt 802		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6734
City Little Rock	State AR Zip Code 72202	
Purpose of Disbursement Contribution Refund - General		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Christi Downing		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 3633 Dumbarton Road NW		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6736
City Atlanta	State GA Zip Code 30327	
Purpose of Disbursement Contribution Refund - General		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Christi Downing		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 3633 Dumbarton Road NW		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6769
City Atlanta State GA Zip Code 30327	Purpose of Disbursement Contribution Refund - Runoff	
Candidate Name	Category/Type	
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. Donald S. Downing		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address PO Box 725583		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6770
City Atlanta State GA Zip Code 33139	Purpose of Disbursement Contribution Refund - Runoff	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Donald S. Downing		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO Box 725583		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6737
City Atlanta State GA Zip Code 33139	Purpose of Disbursement Contribution Refund - General	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Sean Fieler		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 623 Fifth Ave. 27th Floor		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20A.6771
City New York	State NY	
Zip Code 01022	Purpose of Disbursement Contribution Refund - Runoff	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. Sam Fiori		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 8215 Mile Tree Drive		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6739
City Fort Smith	State AR	
Zip Code 72906	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Sam Fiori		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 8215 Mile Tree Drive		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6773
City Fort Smith	State AR	
Zip Code 72906	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Susan Fiori		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 8215 Mile Tree Drive		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6738
City Fort Smith	State AR	
Zip Code 72906	Purpose of Disbursement Contribution Refund - General	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. Susan Fiori		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 8215 Mile Tree Drive		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6772
City Fort Smith	State AR	
Zip Code 72906	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Jeff Fox		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 1 Information Way Suite 405		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.6741
City Little Rock	State AR	
Zip Code 72202	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Betsy French		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 304 Stoneyridge Wynde		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6742
City Shepherdsville	State KY	
Zip Code 40165	Purpose of Disbursement Contribution Refund - General	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. Eric French		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 304 Stoneyridge Wynde		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20A.6744
City Shepherdsville	State KY	
Zip Code 40165	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Boyden Gray		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1627 Eye Street NW Suite 950		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6746
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Cosby Hodges		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 5608 South 14th St.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6747
City Fort Smith	State AR	
Zip Code 72901	Purpose of Disbursement Contribution Refund - General	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. Cosby Hodges		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 5608 South 14th St.		Amount of Each Disbursement this Period 195.89 Transaction ID : SB20A.6774
City Fort Smith	State AR	
Zip Code 72901	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. David Humphrey		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 8819 Lee Circle		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6748
City Fort Smith	State AR	
Zip Code 72903	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5395.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Sheila B. Humphrey		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 8819 Lee Circle		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6749
City Fort Smith	State AR	
Zip Code 72903	Purpose of Disbursement Contribution Refund - General	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. Mindi Jones-Moore		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 4923 Stonewall		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6750
City Little Rock	State AR	
Zip Code 72207	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mike Jordan		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 6305 South Cliff		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6751
City Fort Smith	State AR	
Zip Code 72903	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Thomas Klingenstein		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 355 West 52nd Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6752
City New York	State NY	
Zip Code 10019	Purpose of Disbursement Contribution Refund - General	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. Thomas Klingenstein		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 355 West 52nd Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6775
City New York	State NY	
Zip Code 10019	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. David Koenig		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 50 Third Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6753
City Garden City	State NY	
Zip Code 11530	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. David Koenig		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 50 Third Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6776
City Garden City	State NY	
Zip Code 11530	Purpose of Disbursement Contribution Refund - Runoff	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. Jennifer Lau		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 504 North Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6754
City Greenwich	State CT	
Zip Code 06830	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Jennifer Lau		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 504 North Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6777
City Greenwich	State CT	
Zip Code 06830	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Michael Lau		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 504 North Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6755
City Greenwich	State CT	
Zip Code 06830	Purpose of Disbursement Contribution Refund - General	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. Michael Lau		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 504 North Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6778
City Greenwich	State CT	
Zip Code 06830	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Richard N. Massey		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 900 S. Shackleford Road Suite 200		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6756
City Little Rock	State AR	
Zip Code 72211	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Richard N. Massey		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 900 S. Shackleford Road Suite 200		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6779
City Little Rock	State AR Zip Code 72211	
Purpose of Disbursement Contribution Refund - Runoff		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. Rebekah Mercer		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 240 Riverside Blvd.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6757
City New York	State NY Zip Code 10069	
Purpose of Disbursement Contribution Refund - General		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rebekah Mercer		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 240 Riverside Blvd.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6780
City New York	State NY Zip Code 10069	
Purpose of Disbursement Contribution Refund - Runoff		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Mark Moll		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4718 South 96th St.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6758
City Fort Smith	State AR	
Zip Code 72903	Purpose of Disbursement Contribution Refund - General	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. Mark Moll		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4718 South 96th St.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6781
City Fort Smith	State AR	
Zip Code 72903	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mary Moll		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4718 South 96th St.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6759
City Fort Smith	State AR	
Zip Code 72903	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Mary Moll		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 4718 South 96th St.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6782
City Fort Smith	State AR	
Zip Code 72903	Purpose of Disbursement Contribution Refund - Runoff	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. Mike Murphy		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 200 N Jefferson Suite 500		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6761
City El Dorado	State AR	
Zip Code 71730	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Sydney Murphy		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 200 N. Jefferson Ste 500		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6762
City El Dorado	State AR	
Zip Code 71730	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 46	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Justin Muzinich		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 125 East 63rd St.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6783
City New York	State NY	
Zip Code 10065	Purpose of Disbursement Contribution Refund - Runoff	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. Mark Rumsey		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 6209		Amount of Each Disbursement this Period 2300.00 Transaction ID : SB20A.6763
City Fort Smith	State AR	
Zip Code 72906	Purpose of Disbursement Contribution Refund - General	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mark Rumsey		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO Box 6209		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.6784
City Fort Smith	State AR	
Zip Code 72906	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 46	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Warren A. Stephens		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 111 Center Street		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6764
City Little Rock	State AR	
Zip Code 72203	Purpose of Disbursement Contribution Refund - General	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. Judd Stone		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 16 Prescott St.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.6785
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jan Story		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 832 Columbia Road 405		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20A.6787
City Magnolia	State AR	
Zip Code 71753	Purpose of Disbursement Contribution Refund - Runoff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 46			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Therral Story		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address PO Box 1885		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20A.6786
City Magnolia	State AR	
Zip Code 71754	Purpose of Disbursement Contribution Refund - Runoff	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	117445.89

**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 45 OF 46	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Taco PAC		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 6405 Metcalf Ave. Suite 503		Amount of Each Disbursement this Period 1000.00
City Shawnee Mission	State KS Zip Code 66202	
Purpose of Disbursement Contribution Refund - General		Transaction ID : SB20C.6789
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MOLL FOR CONGRESS INC** Transaction ID : **SC/10.6447**

LOAN SOURCE Full Name (Last, First, Middle Initial) **THOMAS MOLL** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 21795

City State ZIP Code
 HOT SPRINGS AR 71903

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS

Date Incurred M 05 / D 05 / Y 2014 Y	Date Due M M / D D / Y none Y	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: []

SUBTOTALS This Period This Page (optional).....	50000.00
TOTALS This Period (last page in this line only).....	50000.00

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