

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
Moolenaar for Congress

ADDRESS (number and street) 5915 Eastman Avenue
Suite 100
 Check if different than previously reported. (ACC)
Midland MI 48640-6824

2. **FEC IDENTIFICATION NUMBER** C C00561530
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MI 04

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 08 / 02 / 2016 in the State of MI
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 07 / 01 / 2016 through 07 / 13 / 2016

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 Gwen Lang

Signature of Treasurer Gwen Lang [Electronically Filed] Date 07 / 18 / 2016

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

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Moolenaar for Congress

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 778.00 | 690244.26 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 500.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 778.00 | 689744.26 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 2430.44 | 552555.61 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 901.18 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 2430.44 | 551654.43 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 221105.04 | |
| 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)..... | 189553.35 | |

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

Moolenaar for Congress

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)..... | 500.00 | 256320.50 |
| (ii) Unitemized..... | 278.00 | 27513.34 |
| (iii) TOTAL of contributions from individuals ▶ | 778.00 | 283833.84 |
| (b) Political Party Committees..... | 0.00 | 1000.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 405410.42 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 778.00 | 690244.26 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 18697.27 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 901.18 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 187.19 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 778.00 | 710029.90 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 2430.44 | 552555.61 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 500.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 500.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 13550.10 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 2430.44 | 566605.71 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 222757.48 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 778.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 223535.48 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 2430.44 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 221105.04 |

**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 16 |
| | <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)
Moolenaar for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Thomas Schepers

Mailing Address Post Office Box 211

City State Zip Code
Mc Bain MI 49657-0211

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

Name of Employer Occupation
Schepers & Hafstra PC CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 11 2016

Transaction ID : AB203D79C6022443BA06

Amount of Each Receipt this Period
500.00

Memo Item

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

500.00

500.00

**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 6 OF 16 | | | |
| | <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)
Moolenaar for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. PayPal | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2016 |
| Mailing Address 2145 Hamilton Avenue | | Amount of Each Disbursement this Period 30.00 |
| City San Jose State CA Zip Code 95125-5905 | Purpose of Disbursement Credit card processing fee 001 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) | <input type="checkbox"/> Memo Item Transaction ID : B800627443206430AAD9 |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. United States Treasury | | Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016 |
| Mailing Address 1500 Pennsylvania Avenue NW | | Amount of Each Disbursement this Period 433.38 |
| City Washington State DC Zip Code 20220-0001 | Purpose of Disbursement Payroll taxes 001 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) | <input type="checkbox"/> Memo Item Transaction ID : B4728405E2F074660A3E |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. State of Michigan - UIA | | Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016 |
| Mailing Address PO Box 33598 | | Amount of Each Disbursement this Period 323.40 |
| City Detroit State MI Zip Code 48232-5598 | Purpose of Disbursement Unemployment insurance 001 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) | <input type="checkbox"/> Memo Item Transaction ID : BD45CEAA5D2BB431796B |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 786.78 |
| 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 7 OF 16 | | | |
| | <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)
Moolenaar for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2016 |
| Mailing Address PO Box 15062 | | Amount of Each Disbursement this Period 182.64 |
| City Albany State NY Zip Code 12212-5062 | Purpose of Disbursement Cell phones Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Memo Item Transaction ID : B78B33FCBE77C483794B |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Midland Postmaster | | Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016 |
| Mailing Address 2900 Rodd Street | | Amount of Each Disbursement this Period 141.00 |
| City Midland State MI Zip Code 48640-4483 | Purpose of Disbursement Postage stamps Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Memo Item Transaction ID : B5BA9146EE1E642768D3 |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. A & A Storage | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016 |
| Mailing Address PO Box 55 | | Amount of Each Disbursement this Period 50.00 |
| City Midland State MI Zip Code 48640-0055 | Purpose of Disbursement Storage unit rental Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Memo Item Transaction ID : BF185A9A024EC471C86D |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 373.64 |
| 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 8 OF 16 | | | |
| | <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)
Moolenaar for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. PayPal | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016 |
| Mailing Address 2145 Hamilton Avenue | | Amount of Each Disbursement this Period 6.68 |
| City San Jose State CA Zip Code 95125-5905 | Purpose of Disbursement Credit card processing fees 001 Category/Type | |
| Candidate Name | | <input type="checkbox"/> 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) | Transaction ID : B0C8AD505CED84F94A4C |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Adam J. Kroczaleski | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016 |
| Mailing Address 5082 Lincoln Road | | Amount of Each Disbursement this Period 1075.50 |
| City Standish State MI Zip Code 48658-9437 | Purpose of Disbursement Mileage 002 Category/Type | |
| Candidate Name | | <input type="checkbox"/> 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) | Transaction ID : B8E6336509C0E4E279A5 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Mrs. Sarah Brooks | | Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016 |
| Mailing Address 210 Maple View Court | | Amount of Each Disbursement this Period 187.84 |
| City Hemlock State MI Zip Code 48626-8455 | Purpose of Disbursement Mileage, cell phones- itemized 002 Category/Type | |
| Candidate Name | | <input type="checkbox"/> 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) | Transaction ID : BA7F133B9D36043F69CD |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1270.02 |
| 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 9 OF 16 | | | |
| | <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)
Moolenaar for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Date of Disbursement MM / DD / YYYY 07 / 05 / 2016 |
| Mailing Address PO Box 15062 | | Amount of Each Disbursement this Period 106.84 |
| City Albany | State NY | |
| Zip Code 12212-5062 | Purpose of Disbursement Cell phones | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type 001 | |
| 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) | Transaction ID : B58EE9DC3ED864B6C92F |
| 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 | <input type="checkbox"/> Memo Item |
| 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 | <input type="checkbox"/> Memo Item |
| 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)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 2430.44 |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Moolenaar for Congress

| | | |
|---|----------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic National LLC | | Nature of Debt (Purpose): Direct mailings |
| Mailing Address 190 Monroe Avenue NW Suite 500 | | |
| City State | Zip Code | |
| Grand Rapids MI | 49503 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : D59ED6AEB40924188B69 | |
| 49011.75 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 49011.75 |

| | | |
|---|------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Victory Phones LLC | | Nature of Debt (Purpose): Political consulting services |
| Mailing Address 190 Monroe Avenue NW Suite 5 | | |
| City State | Zip Code | |
| Grand Rapids MI | 49503-2628 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : DC46C9F4222A34D42B78 | |
| 19550.76 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 19550.76 |

| | | |
|--|------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pulse Red Communications, LLC | | Nature of Debt (Purpose): Digital/Social Media Advertising |
| Mailing Address 190 Monroe Avenue NW Suite 5 | | |
| City State | Zip Code | |
| Grand Rapids MI | 49503-2628 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : DEAD8943F6C634506BD7 | |
| 6948.25 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 6948.25 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional) | 75510.76 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 11 OF 16 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Moolenaar for Congress

| | | |
|---|----------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic National LLC | | Nature of Debt (Purpose): Policical consulting fee |
| Mailing Address 190 Monroe Avenue NW Suite 500 | | |
| City State | Zip Code | |
| Grand Rapids MI | 49503 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period | Transaction ID : D3750D0DB592440E0905 | |
| 50000.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 50000.00 |

| | | |
|---|----------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic National LLC | | Nature of Debt (Purpose): Political consulting |
| Mailing Address 190 Monroe Avenue NW Suite 500 | | |
| City State | Zip Code | |
| Grand Rapids MI | 49503 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period | Transaction ID : D65083149529342E2944 | |
| 6464.05 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 6464.05 |

| | | |
|---|----------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic National LLC | | Nature of Debt (Purpose): Political consulting |
| Mailing Address 190 Monroe Avenue NW Suite 500 | | |
| City State | Zip Code | |
| Grand Rapids MI | 49503 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period | Transaction ID : D58388DB0DCB04B50820 | |
| 25000.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 25000.00 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional) | 81464.05 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Moolenaar for Congress

| | | |
|---|------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Andrews Hooper Pavlik, PLC | | Nature of Debt (Purpose): Accounting services |
| Mailing Address 5915 Eastman Avenue Suite 100 | | |
| City State | Zip Code | |
| Midland MI | 48640-6824 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period | Transaction ID : D968EF7D02D8B4593869 | |
| <input type="text" value="2000.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="2000.00"/> |

| | | |
|--|------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor GSL Solutions, Inc. | | Nature of Debt (Purpose): Website hosting & support, email distribution |
| Mailing Address 1411 N West Shore Boulevard Suite 204 | | |
| City State | Zip Code | |
| Tampa FL | 33607-4529 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period | Transaction ID : D9FD14BC7FB9145D1A8C | |
| <input type="text" value="665.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="665.00"/> |

| | | |
|---|------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LCM Strategies | | Nature of Debt (Purpose): Online marketing and management |
| Mailing Address PO Box 158513 | | |
| City State | Zip Code | |
| Nashville TN | 37215-8513 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period | Transaction ID : D16B90B08AB724082B01 | |
| <input type="text" value="3000.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="3000.00"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="5665.00"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Moolenaar for Congress

| | | |
|---|----------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Andrews Hooper Pavlik, PLC | | Nature of Debt (Purpose): Accounting services |
| Mailing Address 5915 Eastman Avenue Suite 100 | | |
| City Midland | State MI | Zip Code 48640-6824 |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 4243.00 | Transaction ID : D92D7DDF2F47548FFAD4 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 4243.00 |

| | | |
|---|----------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LCM Strategies | | Nature of Debt (Purpose): Online marketing and management |
| Mailing Address PO Box 158513 | | |
| City Nashville | State TN | Zip Code 37215-8513 |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : DC7FB66A396C34F6685B | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

| | | |
|---|----------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Andrews Hooper Pavlik, PLC | | Nature of Debt (Purpose): Accounting services |
| Mailing Address 5915 Eastman Avenue Suite 100 | | |
| City Midland | State MI | Zip Code 48640-6824 |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 4979.00 | Transaction ID : D9237D6FD28EB4245B68 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 4979.00 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional) | 12222.00 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Moolenaar for Congress

| | | |
|--|---------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor GSL Solutions, Inc. | | Nature of Debt (Purpose): Website hosting & support, email distribution |
| Mailing Address 1411 N West Shore Boulevard Suite 204 | | |
| City State | Zip Code | |
| Tampa | FL 33607-4529 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period | Transaction ID : D57E495A40E9F461CA10 | |
| 740.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 740.00 |

| | | |
|---|---------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LCM Strategies | | Nature of Debt (Purpose): Online marketing and management |
| Mailing Address PO Box 158513 | | |
| City State | Zip Code | |
| Nashville | TN 37215-8513 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period | Transaction ID : D71F071EF3529451F97C | |
| 3000.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 3000.00 |

| | | |
|--|---------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor GSL Solutions, Inc. | | Nature of Debt (Purpose): Website hosting & support, email distribution |
| Mailing Address 1411 N West Shore Boulevard Suite 204 | | |
| City State | Zip Code | |
| Tampa | FL 33607-4529 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period | Transaction ID : D3CF3BC183BE74F60AE6 | |
| 665.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 665.00 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 4405.00 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Moolenaar for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Andrews Hooper Pavlik, PLC

Mailing Address 5915 Eastman Avenue
Suite 100

City State Zip Code
Midland MI 48640-6824

Nature of Debt (Purpose):
Accounting services

Outstanding Balance Beginning This Period **3922.00** Transaction ID : **DBF2316C9C719420CBBC**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **3922.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cardmember Service

Mailing Address PO Box 94014

City State Zip Code
Palatine IL 60094-4014

Nature of Debt (Purpose):
Credit card payment

Outstanding Balance Beginning This Period **2470.82** Transaction ID : **DB765D1AAF3BE431295B**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **2470.82**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LCM Strategies

Mailing Address PO Box 158513

City State Zip Code
Nashville TN 37215-8513

Nature of Debt (Purpose):
Online marketing and management

Outstanding Balance Beginning This Period **0.00** Transaction ID : **DE91403A734384508B67**

Amount Incurred This Period **3000.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **3000.00**

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional) | 9392.82 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Moolenaar for Congress

| | | |
|---|-------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cardmember Service | | Nature of Debt (Purpose): Credit card payment |
| Mailing Address PO Box 94014 | | |
| City | State | Zip Code |
| Palatine | IL | 60094-4014 |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : DFEE26C448DC149F59DA | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="893.72"/> | <input type="text" value="0.00"/> | <input type="text" value="893.72"/> |

| | | |
|--|-------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State | Zip Code |
| | | |

| | | |
|---|----------------------|---|
| Outstanding Balance Beginning This Period | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|--|-------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State | Zip Code |
| | | |

| | | |
|---|----------------------|---|
| Outstanding Balance Beginning This Period | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|--|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="893.72"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text" value="189553.35"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="189553.35"/> |