

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

Check if different than previously reported. (ACC)

HOT SPRINGS

AR

71903

2. FEC IDENTIFICATION NUMBER ▼

C C00548255

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AR

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
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))....	0.00	581561.56
(b) Total Contribution Refunds (from Line 20(d))	0.00	121320.89
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	460240.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	738.63	509865.21
(b) Total Offsets to Operating Expenditures (from Line 14).....	2165.03	2933.03
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-1426.40	506932.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

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).....	0.00	508576.34
(ii) Unitemized.....	0.00	29725.42
(iii) TOTAL of contributions from individuals ▶	0.00	538301.76
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	27000.00
(d) The Candidate.....	0.00	16259.80
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	581561.56
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	50000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	2165.03	2933.03
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)..... ▶	2165.03	634494.59

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	738.63	509865.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2558.49	2558.49
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2558.49	2558.49
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	120320.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	121320.89
21. OTHER DISBURSEMENTS	750.00	750.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4047.12	634494.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1882.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2165.03
25. SUBTOTAL (add Line 23 and Line 24).....	4047.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4047.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3T
Transaction ID :

Candidate has released the committee from its obligation to pay back the balance of a loan in the amount of 47441.51 (original loan balance was 50000.00) as reflected on Sch D of this report and such balance will be treated as a contribuion from the candidate under 11 CFR 110.10 and AOs 1985-10, 1979-05.

Form/Schedule:
Transaction ID:

**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 12
	<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	

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)
Wickers Group

Mailing Address 1819 Polk Street
Ste 373

City San Francisco State CA Zip Code 94109

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2165.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA14.6892

Amount of Each Receipt this Period
2165.03

Refund of Media Buy

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

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

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

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

2165.03

2165.03

**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 12			
	<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

A. Automatic Data Processing

Full Name (Last, First, Middle Initial)
Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 01 / 2014

Amount of Each Disbursement this Period: 107.50

Transaction ID : SB17.6894

B. U.S. Postal Service

Full Name (Last, First, Middle Initial)
Mailing Address 335 Section Line Rd.

City Hot Springs State AR Zip Code 71913

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 18 / 2014

Amount of Each Disbursement this Period: 19.60

Transaction ID : SB17.6878

c. U.S. Postal Service

Full Name (Last, First, Middle Initial)
Mailing Address 335 Section Line Rd.

City Hot Springs State AR Zip Code 71913

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 01 / 2014

Amount of Each Disbursement this Period: 16.80

Transaction ID : SB17.6895

SUBTOTAL of Disbursements This Page (optional) 143.90

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 12			
	<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. U.S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2014
Mailing Address 335 Section Line Rd.			Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.6899
City Hot Springs	State AR	Zip Code 71913	
Purpose of Disbursement Postage		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. US Treasury			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1500 Pennsylvania Avenue NW			Amount of Each Disbursement this Period 378.00 Transaction ID : SB17.6880
City Washington	State DC	Zip Code 20220	
Purpose of Disbursement Federal Tax		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 Treasury			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 1500 Pennsylvania Avenue NW			Amount of Each Disbursement this Period 102.65 Transaction ID : SB17.6881
City Washington	State DC	Zip Code 20220	
Purpose of Disbursement Federal Tax		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).....	486.40
TOTAL This Period (last page this line number only).....	630.30

**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 12	
	<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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 2558.49 Transaction ID : SB19A.6893
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement Partial Payment of Loan	Category/ Type
Candidate Name THOMAS MOLL	Office Sought: <input checked="" 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: AR District: 04	

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).....	2558.49
TOTAL This Period (last page this line number only).....	2558.49

**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 10 OF 12			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. COTTON FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement General 2014

Candidate Name **THOMAS COTTON**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: AR District: 00

Date of Disbursement: 09 / 12 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB21.6889

B. FRENCH HILL FOR ARKANSAS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 7841

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement General 2014

Candidate Name **JAMES FRENCH HILL**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: AR District: 02

Date of Disbursement: 09 / 12 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB21.6891

C. WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 21097

City HOT SPRINGS State AR Zip Code 71903

Purpose of Disbursement General 2014

Candidate Name **BRUCE WESTERMAN**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: AR District: 04

Date of Disbursement: 09 / 12 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB21.6890

SUBTOTAL of Disbursements This Page (optional) 750.00

TOTAL This Period (last page this line number only) 750.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.6447**

MOLL FOR CONGRESS INC

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

[PERSONAL FUNDS]

Election: 2014

THOMAS MOLL

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 21795

City State ZIP Code
HOT SPRINGS AR 71903

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000.00 2558.49 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 05 /

Y 2014 Y

M M /

D D /

Y none Y

0.00 % (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00
TOTALS This Period (last page in this line only)..... ▶ [] 0.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.6447

Candidate has released the committee from its obligation to pay back the balance of this loan in the amount of 47441.51 (original loan balance was 50000.00). A signed statement indicating the candidate's preference that the balance be treated as a contribution to the committee from the candidate will be sent with original signature directly to the Commission.

Form/Schedule:

Transaction ID: