

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))....	142577.39	423757.95
(b) Total Contribution Refunds (from Line 20(d))	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	142477.39	423657.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	51147.97	65365.57
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51147.97	65365.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	358292.38	
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).....	2250.00	

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).....	127372.83	387744.05
(ii) Unitemized.....	8745.00	22553.43
(iii) TOTAL of contributions from individuals ▶	136117.83	410297.48
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	5500.00
(d) The Candidate.....	4459.56	7960.47
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	142577.39	423757.95
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
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	0.00
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)..... ▶	142577.39	423757.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51147.97	65365.57
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	100.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	51247.97	65465.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	266962.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	142577.39
25. SUBTOTAL (add Line 23 and Line 24).....	409540.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51247.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	358292.38

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

Form/Schedule: F3N
Transaction ID :

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 111
	<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)
J. C. Alexander

Mailing Address 111 Moorings Park Drive

City Naples State FL Zip Code 34105

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
 10 / 19 / 2013

Transaction ID : SA11AI.5050

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
Rick Alexander

Mailing Address 7101 Highland Park Drive

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
 11 / 22 / 2013

Transaction ID : SA11AI.5187

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Bruce Alford

Mailing Address 636 Lafayette 20

City Lewisville State AR Zip Code 71845

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

Name of Employer Bruce Alford Farms Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 11 / 2013

Transaction ID : SA11AI.5532

Amount of Each Receipt this Period
 250.00

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

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

3250.00

**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 7 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Michael Allegetti

Mailing Address 212 West 91st St.

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
Manhattan Institute for Policy Researc Vice President Programs

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11AI.5173

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kenneth Winn Allen

Mailing Address 2425 L Street NW

City State Zip Code
Washington DC 22037

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

Name of Employer Occupation
Kirkland and Ellis LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : SA11AI.5534

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Richard Appleton

Mailing Address 3414 Leighs Hollow Lane

City State Zip Code
Fort Smith AR 72903

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

Name of Employer Occupation
Adko Inc. President/Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2013

Transaction ID : SA11AI.5175

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 8 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Cliff Beckham

Mailing Address 8300 Mile Tree Drive

City Fort Smith State AR Zip Code 72903

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

Name of Employer USA Truck Inc. Occupation Chief Financial Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : SA11AI.5536

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
F. M. Bellingrath III

Mailing Address PO Box 8905

City Pine Bluff State AR Zip Code 71611

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

Name of Employer B3 Properties Inc. Occupation Executive President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11AI.5412

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
Donald Blair

Mailing Address 1904 Shadow Lane

City Little Rock State AR Zip Code 72207

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

Name of Employer RLJ Companies Occupation Investments

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 16 / 2013

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period
 250.00

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

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

550.00

**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 9 OF 111
	<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)
Charlotte S. Bradbury

Mailing Address 4 Edgehill Road

City Little Rock State AR Zip Code 72207

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.5618

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Curt Bradbury

Mailing Address 4 Edgehill Road

City Little Rock State AR Zip Code 72207

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

Name of Employer Stephens Inc. Occupation Chief Operating Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11AI.5620

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Jonathan Bunch

Mailing Address 9421 Shouse Drive

City Vienna State VA Zip Code 22182

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

Name of Employer The Federalist Society Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.5522

Amount of Each Receipt this Period
 200.00

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

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

5400.00

**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 10 OF 111
	<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

Full Name (Last, First, Middle Initial) A. David Byrd		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013	
Mailing Address 8007 Valley Forge Road		Transaction ID : SA11AI.5188	
City Fort Smith	State MO	Zip Code 63801	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1030.00		

Full Name (Last, First, Middle Initial) B. David Byrd		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 8007 Valley Forge Road		Transaction ID : SA11AI.5396	
City Fort Smith	State MO	Zip Code 63801	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1055.00		

Full Name (Last, First, Middle Initial) C. Joe Carvin		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2013	
Mailing Address 55 Hillandale Road		Transaction ID : SA11AI.5573	
City Rye Brook	State NY	Zip Code 10573	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Altima Partners	Occupation Fund Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1525.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 111
	<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)
M. Susan Chambers

Mailing Address PO Box 1860

City Bentonville State AR Zip Code 72712

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

Name of Employer Walmart Stores Inc. Occupation Executive Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : SA11AI.5599

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Christina Chandra

Mailing Address 40 Magnolia Ave.

City Larchmont State NY Zip Code 10538

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

Name of Employer Self-Employed Occupation Member

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.5622

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Christina Chandra

Mailing Address 40 Magnolia Ave.

City Larchmont State NY Zip Code 10538

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

Name of Employer Self-Employed Occupation Member

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.5623

Amount of Each Receipt this Period
 2600.00

Runoff 2014

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

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

6200.00

**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 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
William M. Clark Jr.

Mailing Address 823 N. Canterbury Rd.

City Fayetteville State AR Zip Code 72701

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : SA11AI.5597

Amount of Each Receipt this Period
 900.00

B. Full Name (Last, First, Middle Initial)
Tyler Clarkson

Mailing Address 12305 Sour Cherry Way

City North Potomac State MD Zip Code 20878

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

Name of Employer Freshfields Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.5538

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Brian Conroy

Mailing Address 550 West 45th St.

City New York State NY Zip Code 10036

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

Name of Employer Credit Value Partners Occupation Finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2013

Transaction ID : SA11AI.5540

Amount of Each Receipt this Period
 250.00

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 111
	<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)
Jessie Couch

Mailing Address 1905 Howard Ave.

City San Carlos State CA Zip Code 94070

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

Name of Employer Wilson Sonsini Goodrich and Ro Occupation Paralegal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 12 / 2013

Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Kevin A. Crass

Mailing Address 400 West Capitol Avenue

City Little Rock State AR Zip Code 72201

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

Name of Employer Friday Eldredge & Clark LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.5601

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Carl Davis

Mailing Address PO Box 2796

City Fort Smith State AR Zip Code 72913

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

Name of Employer Davis Iron and Metal Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11AI.5466

Amount of Each Receipt this Period
100.00

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

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

1150.00

**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 14 OF 111
	<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)
Chuck Davis

Mailing Address 371 East Main Street

City Ashdown State AR Zip Code 71822

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

Name of Employer: Chuck Davis Farms Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 12 / 18 / 2013

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period: 300.00

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

Mailing Address PO Box 308

City Magnolia State AR Zip Code 71754

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

Name of Employer: Self-Employed Occupation: Oil and Gas

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 11 / 23 / 2013

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Deitrich

Mailing Address 372 State St.

City Brooklyn State NY Zip Code 11217

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

Name of Employer: Silverstein Properties Occupation: Real Estate Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt: 12 / 21 / 2013

Transaction ID : SA11AI.5541

Amount of Each Receipt this Period: 250.00

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

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

1550.00

**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 15 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Claiborne Deming		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2013	
Mailing Address 1502 Euclid Avenue		Transaction ID : SA11AI.5192	
City El Dorado	State AR	Zip Code 71730	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self-Employed	Occupation Private Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Claiborne Deming		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 1502 Euclid Avenue		Transaction ID : SA11AI.5616	
City El Dorado	State AR	Zip Code 71730	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00	
Name of Employer Self-Employed	Occupation Private Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. Claiborne Deming		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 1502 Euclid Avenue		Transaction ID : SA11AI.5624	
City El Dorado	State AR	Zip Code 71730	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Self-Employed	Occupation Private Investor		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

**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 16 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Anthony Dick		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2013	
Mailing Address 107 East Howell Avenue		Transaction ID : SA11AI.5543	
City Alexandria	State VA	Zip Code 22301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Jones Day	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Daniel Black Dillard		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2013	
Mailing Address PO Box 476		Transaction ID : SA11AI.5575	
City Lewisville	State AR	Zip Code 71845	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Lafayette County Abstract & Title Inc.	Occupation Abstractor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Steve W. Douglas		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2013	
Mailing Address 6501 Northern Hills		Transaction ID : SA11AI.5603	
City Texarkana	State AR	Zip Code 71854	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Douglas Companies Inc.	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	1750.00

**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 17 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
C. Boyden Gray

Mailing Address 1627 Eye Street NW

City Washington State DC Zip Code 20006

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

Name of Employer Boyden Gray and Associates Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.5626

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
C. Boyden Gray

Mailing Address 1627 Eye Street NW

City Washington State DC Zip Code 20006

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

Name of Employer Boyden Gray and Associates Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.5627

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Alexander Greeley

Mailing Address 931 Massachusetts Ave.

City Cambridge State MA Zip Code 02139

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

Name of Employer Student Occupation Student

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.5545

Amount of Each Receipt this Period
 250.00

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

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

5450.00

**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 18 OF 111
	<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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2013

Transaction ID : SA11AI.5028

Amount of Each Receipt this Period
500.00

B. 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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 11 / 2013

Transaction ID : SA11AI.5576

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Richard B. Griffin

Mailing Address 610 Towson Avenue
PO Box 2207

City State Zip Code
Fort Smith AR 72902

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

Name of Employer Occupation
Griffin Properties Construction

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2013

Transaction ID : SA11AI.5046

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 19 OF 111
	<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)
R. Scott Grigsby

Mailing Address 87 Dogwood Road

City: Bella Vista State: AR Zip Code: 72715

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

Name of Employer: Arvest Bank Occupation: Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 21 / 2013

Transaction ID : SA11AI.5182

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
David Haak

Mailing Address 3801 Jack Cullen Drive

City: Texarkana State: AR Zip Code: 71854

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

Name of Employer: First Tape and Label Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 12 / 11 / 2013

Transaction ID : SA11AI.5577

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
James K. Hadley

Mailing Address 3001 McKinley Ave.

City: Fort Smith State: AR Zip Code: 72908

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

Name of Employer: Fort Smith 3 Inc. Occupation: Owner Restaurant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 10 / 2013

Transaction ID : SA11AI.5605

Amount of Each Receipt this Period: 1000.00

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

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

2000.00

**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 20 OF 111
	<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)
Mark W. Hennessy

Mailing Address 4272 Garmon Road

City Atlanta State GA Zip Code 30327

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

Name of Employer Hennessy Automobile Companies Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 24 / 2013

Transaction ID : SA11AI.5629

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Dr. Joe D. Hester

Mailing Address 2713 Chaffin Lane

City Magnolia State AR Zip Code 71753

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

Name of Employer Hester Eye Care Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2013

Transaction ID : SA11AI.5194

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Sharon C. Hester

Mailing Address 2713 Chaffin Lane

City Magnolia State AR Zip Code 71753

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

Name of Employer Hester Eye Care Occupation Office Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2013

Transaction ID : SA11AI.5196

Amount of Each Receipt this Period
 1000.00

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

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

4600.00

**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 21 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
James E. Humphrey Jr.

Mailing Address 1203 East 33rd St.

City State Zip Code
Texarkana AR 71854

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

Name of Employer Occupation
Eckerd's CVS Retired Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.5482

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
James E. Humphrey Jr.

Mailing Address 1203 East 33rd St.

City State Zip Code
Texarkana AR 71854

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

Name of Employer Occupation
Eckerd's CVS Retired Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.5483

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Lou Ella Humphrey

Mailing Address 1203 East 33rd St.

City State Zip Code
Texarkana AR 71854

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

Name of Employer Occupation
Texarkana College Retired Nurse Educator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.5484

Amount of Each Receipt this Period
100.00

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

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

300.00

**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 22 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Peter Izzo

Mailing Address 717 Fifth Avenue

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Self-Employed Finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Thomas Johnson

Mailing Address 2601 Woodley Place NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
Gibson Dunn & Crutcher LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SA11AI.5547

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mike Jordan

Mailing Address 6305 South Cliff

City State Zip Code
Fort Smith AR 72903

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

Name of Employer Occupation
Mike Jordan Company Pipe Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : SA11AI.5022

Amount of Each Receipt this Period
2600.00

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

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

4350.00

**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 23 OF 111
	<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)
Mike Jordan

Mailing Address 6305 South Cliff

City Fort Smith State AR Zip Code 72903

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

Name of Employer Mike Jordan Company Occupation Pipe Sales

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
 _____ 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2013

Transaction ID : SA11AI.5023

Amount of Each Receipt this Period
 _____ 2600.00

Runoff 2014

B. Full Name (Last, First, Middle Initial)
Mike Jordan

Mailing Address 6305 South Cliff

City Fort Smith State AR Zip Code 72903

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

Name of Employer Mike Jordan Company Occupation Pipe Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 7800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2013

Transaction ID : SA11AI.5024

Amount of Each Receipt this Period
 _____ 2600.00

C. Full Name (Last, First, Middle Initial)
Jim Julian

Mailing Address 400 West Capitol

City Little Rock State AR Zip Code 72201

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

Name of Employer Chisenhall Nestrud and Julian PA Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2013

Transaction ID : SA11AI.5034

Amount of Each Receipt this Period
 _____ 250.00

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

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

_____ 5450.00

**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 24 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Susan Kimmey

Mailing Address 4087 Beechwood Drive

City Atlanta State GA Zip Code 30327

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.5548

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thomas Klingenstein

Mailing Address 355 West 52nd Street

City New York State NY Zip Code 10019

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

Name of Employer Cohen Klingenstein LLC Occupation Investment Counselor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11AI.5214

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Thomas Klingenstein

Mailing Address 355 West 52nd Street

City New York State NY Zip Code 10019

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

Name of Employer Cohen Klingenstein LLC Occupation Investment Counselor

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11AI.5215

Amount of Each Receipt this Period
2600.00

Runoff 2014

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

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

5450.00

**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 25 OF 111
	<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)
Thomas Klingenstein

Mailing Address 355 West 52nd Street

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Cohen Klingenstein LLC Investment Counselor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : SA11AI.5216

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
David Koenig

Mailing Address 50 Third Street

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
Candlewood Investment Group Portfolio Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.5631

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
David Koenig

Mailing Address 50 Third Street

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
Candlewood Investment Group Portfolio Manager

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.5632

Amount of Each Receipt this Period
2600.00

Runoff 2014

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

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

7800.00

**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 26 OF 111
	<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

Full Name (Last, First, Middle Initial) David Koenig		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013
Mailing Address 50 Third Street		Transaction ID : SA11AI.5633
City Garden City	State NY	Zip Code 11530
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Candlewood Investment Group	Occupation Portfolio Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800.00	

Full Name (Last, First, Middle Initial) James W. Langley		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013
Mailing Address PO Box 229		Transaction ID : SA11AI.5020
City Smackover	State AR	Zip Code 71762
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer James Langley Oil Co. Smackover Motors	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Thomas Lehrman		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013
Mailing Address 1040 Fifth Avenue		Transaction ID : SA11AI.5607
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer MasterStreet	Occupation Entrepreneur Investor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

**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 27 OF 111
	<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)
Tony Leraris

Mailing Address 1725 S. 44th St.

City State Zip Code
Fort Smith AR 72903

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

Name of Employer Occupation
Self Employed Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11AI.5527

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Kevin Logan

Mailing Address 1178 Huntover Court

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
Jones Day Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.5595

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
George A. Makris Jr.

Mailing Address 900 W. 46th

City State Zip Code
Pine Bluff AR 71603

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

Name of Employer Occupation
Simmons First National Corp. CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2013

Transaction ID : SA11AI.5579

Amount of Each Receipt this Period
500.00

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

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

1450.00

**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 28 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Marisa Maleck

Mailing Address 900 South Clark Street

City Chicago State IL Zip Code 60605

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

Name of Employer Gibson Dunn & Crutcher LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2013

Transaction ID : SA11AI.5550

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
John A. McFarland

Mailing Address PO Box 180370

City Fort Smith State AR Zip Code 72918

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
 11 / 07 / 2013

Transaction ID : SA11AI.5198

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Shelley McMillon

Mailing Address 1701 NE Tiger Blvd.

City Bentonville State AR Zip Code 72712

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

Name of Employer Self-Employed Occupation Education Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2013

Transaction ID : SA11AI.5200

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

**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 29 OF 111
	<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)
Adam Meyerson

Mailing Address 3714 Ingomar St. NW

City Washington State DC Zip Code 20015

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

Name of Employer Philanthropy Roundtable Occupation Nonprofit Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 27 / 2013

Transaction ID : SA11AI.5581

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Barry Moehring

Mailing Address 2908 Red Fox Ridge

City Bentonville State AR Zip Code 71712

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

Name of Employer DreamWorks Animation Occupation Team Lead

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 21 / 2013

Transaction ID : SA11AI.5177

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mike Moll

Mailing Address 105 Meadowbrook

City Sikeston State MO Zip Code 63801

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

Name of Employer Moll Printing Occupation Commercial Printer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2013

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period
 500.00

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

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

1250.00

**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 30 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Miller Moll

Mailing Address 6 Bel Air Drive

City State Zip Code
Sikeston MO 63801

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

Name of Employer Occupation
Moll Printing Company Printer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 18 / 2013

Transaction ID : SA11AI.5185

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Robert Madison Murphy

Mailing Address 200 N. Jefferson
Suite 400

City State Zip Code
El Dorado AR 71730

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

Name of Employer Occupation
Murphy Family Management Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2013

Transaction ID : SA11AI.5212

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Sean Murphy

Mailing Address 1532 15th Street NW
Apt 3

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Dechert LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period
100.00

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

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

3100.00

**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 31 OF 111
	<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)
Ryan Newman

Mailing Address 2233 N. Vernon St.

City: Arlington State: VA Zip Code: 22207

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

Name of Employer: Jones Day Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 31 / 2013

Transaction ID : SA11AI.5551

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Candace Nobles

Mailing Address 211 East Elm

City: El Dorado State: AR Zip Code: 71730

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

Name of Employer: MacFarlane Co. USA LLC Occupation: Administrative Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 13 / 2013

Transaction ID : SA11AI.5202

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
James Hutton Nobles

Mailing Address 211 East Elm

City: El Dorado State: AR Zip Code: 71730

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

Name of Employer: Self-Employed Occupation: Oil Producer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 13 / 2013

Transaction ID : SA11AI.5204

Amount of Each Receipt this Period: 1000.00

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

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

2250.00

**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 32 OF 111
	<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)
Jeffrey Nolan

Mailing Address 202 West 19th Street

City State Zip Code
El Dorado AR 71730

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

Name of Employer Occupation
Loutre Land and Timber Company President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
David Peavy

Mailing Address 6512 Skyline Drive

City State Zip Code
Texarkana AR 71854

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

Name of Employer Occupation
Artex Electric Company Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : SA11AI.5585

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James F. Phillips Jr.

Mailing Address 3045 N. Wyatt Drive

City State Zip Code
El Dorado AR 71730

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

Name of Employer Occupation
Arkansas Production Services 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 Y Y
11 / 04 / 2013

Transaction ID : SA11AI.5206

Amount of Each Receipt this Period
1000.00

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

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

2000.00

**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 33 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Ruchi Pinniger

Mailing Address 220 East 65th St.

City State Zip Code
New York NY 10065

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2013

Transaction ID : SA11AI.5552

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Daniel Pollack

Mailing Address 380 Forest Ave.

City State Zip Code
Woodmere NY 11598

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11AI.5530

Amount of Each Receipt this Period
200.01

C. Full Name (Last, First, Middle Initial)
Jerry Ramsey

Mailing Address 124 Ouachita 513

City State Zip Code
Smackover AR 71762

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

Name of Employer Occupation
Four R Operating Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11AI.5587

Amount of Each Receipt this Period
500.00

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

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

950.01

**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 34 OF 111
	<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)
Matthew Rettner

Mailing Address 374 McLean Ave.

City: Yonkers State: NY Zip Code: 72202

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

Name of Employer: Rettner Management Occupation: Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 564.90

Date of Receipt: 12 / 12 / 2013

Transaction ID : SA11AI.5656

Amount of Each Receipt this Period: 564.90

In-kind - F&B for Campaign Event

B. Full Name (Last, First, Middle Initial)
Ronald Rettner

Mailing Address 34 Bonwit Road

City: Rye Brook State: NY Zip Code: 10573

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

Name of Employer: Rettner Management Occupation: President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 20 / 2013

Transaction ID : SA11AI.5609

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
J. David Reynolds

Mailing Address PO Box 659

City: Camden State: AR Zip Code: 71711

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

Name of Employer: J. David Reynolds Co. Occupation: Oil and Gas

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 02 / 2013

Transaction ID : SA11AI.5018

Amount of Each Receipt this Period: 1000.00

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

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

2564.90

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

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

FOR LINE NUMBER: PAGE 35 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
J. David Reynolds

Mailing Address PO Box 659

City State Zip Code
Camden AR 71711

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

Name of Employer Occupation
J. David Reynolds Co. Oil and Gas

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2013

Transaction ID : SA11AI.5588

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Craig A. Rivaldo

Mailing Address 1808 Rannoch Trace

City State Zip Code
Fort Smith AR 72908

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

Name of Employer Occupation
Arvest Bank President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2013

Transaction ID : SA11AI.5179

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Alex Rose

Mailing Address 125 West 31st St.
Apt 15G

City State Zip Code
New York NY 10001

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

Name of Employer Occupation
Kirkland and Ellis LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.5528

Amount of Each Receipt this Period
 200.00

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

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

950.00

**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 36 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Lee Rudofsky		Date of Receipt M M / D D / Y Y Y Y 12 / 07 / 2013	
Mailing Address 6011 Sumner Road		Transaction ID : SA11AI.5554	
City Alexandria	State VA	Zip Code 22310	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Kirkland and Ellis LLP	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Andrew Sagor		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013	
Mailing Address 10 Barclay Street		Transaction ID : SA11AI.5163	
City New York	State NY	Zip Code 10007	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer Paul Weiss Rifkind Wharton and Garriso	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) C. Michael Schrieber		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2013	
Mailing Address 130 East 18th St.		Transaction ID : SA11AI.5036	
City New York	State NY	Zip Code 10003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer PJA Consulting Services	Occupation VP Strategic Planning		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1375.00
TOTAL This Period (last page this line number only).....	1375.00

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

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

FOR LINE NUMBER: PAGE 37 OF 111
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Carrie Severino

Mailing Address 7270 Highland Estates Place

City Falls Church State VA Zip Code 22043

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

Name of Employer: Judicial Crisis Network Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period
 350.00

B. Full Name (Last, First, Middle Initial)
Gary Sewell

Mailing Address 3400 Junction City Hwy

City El Dorado State AR Zip Code 71730

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

Name of Employer: Sewell Oil Company Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.5016

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Ilya Shapiro

Mailing Address 301 Massachusetts Ave. NW

City Washington State DC Zip Code 20001

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

Name of Employer: Cato Institute Occupation: Senior Fellow

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : SA11AI.5555

Amount of Each Receipt this Period
 250.00

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

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

1600.00

**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 38 OF 111
	<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)
Harry Shipley

Mailing Address 15 Berry Hill

City Fort Smith State AR Zip Code 72903

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 **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.5506

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Brandon Simmons

Mailing Address 4440 Willard Ave.

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Hogan Lovells Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : SA11AI.5556

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ann Smith

Mailing Address 8404 Mile Tree Dr.

City Fort Smith State AR Zip Code 72903

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 **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period
100.00

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

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

450.00

**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 39 OF 111
	<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)
Luke Sobota

Mailing Address 3006 32nd St. NW

City Washington State DC Zip Code 20008

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

Name of Employer Jones Day Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.5557

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 350.00

B. Full Name (Last, First, Middle Initial)
Antoinette E. Somerville

Mailing Address 5200 Oaklawn Ave.

City Edina State MN Zip Code 55424

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

Name of Employer Normandale Community College Occupation Faculty in Nursing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 22 / 2013

Transaction ID : SA11AI.5218

Amount of Each Receipt this Period
 2600.00

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
James H. Somerville

Mailing Address 5200 Oaklawn Ave.

City Edina State MN Zip Code 55424

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

Name of Employer InterMed Consultants Ltd. Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 22 / 2013

Transaction ID : SA11AI.5220

Amount of Each Receipt this Period
 2600.00

Amount of Each Receipt this Period
 2600.00

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

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

5450.00

**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 40 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Jerry V. Sparks

Mailing Address 3610 Potomac Ave.

City Texarkana	State TX	Zip Code 75503
-------------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Consultant
-----------------------------------	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 11 / 2013

Transaction ID : SA11AI.5559

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Warren A. Stephens

Mailing Address 111 Center Street

City Little Rock	State AR	Zip Code 72203
---------------------	-------------	-------------------

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

Name of Employer Stephens Inc.	Occupation Chairman President and CEO
-----------------------------------	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 03 / 2013

Transaction ID : SA11AI.5635

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Warren A. Stephens

Mailing Address 111 Center Street

City Little Rock	State AR	Zip Code 72203
---------------------	-------------	-------------------

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

Name of Employer Stephens Inc.	Occupation Chairman President and CEO
-----------------------------------	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 03 / 2013

Transaction ID : SA11AI.5636

Amount of Each Receipt this Period
2600.00

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

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

5450.00

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

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

FOR LINE NUMBER: PAGE 41 OF 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial)
Judd Stone

Mailing Address 16 Prescott St.

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
Kellogg Huber Olin Searle Smith Fellow in Law

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period
1350.00

B. Full Name (Last, First, Middle Initial)
Judd Stone

Mailing Address 16 Prescott St.

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
Kellogg Huber Olin Searle Smith Fellow in Law

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : SA11AI.5637

Amount of Each Receipt this Period
2600.00

Runoff 2014

C. Full Name (Last, First, Middle Initial)
Jan Story

Mailing Address 832 Columbia Road 405

City State Zip Code
Magnolia AR 71753

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 26 2013

Transaction ID : SA11AI.5208

Amount of Each Receipt this Period
2400.00

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

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

6350.00

**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 42 OF 111
	<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)
Jan Story

Mailing Address 832 Columbia Road 405

City Magnolia	State AR	Zip Code 71753
------------------	-------------	-------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : SA11AI.5221

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Therral Story

Mailing Address PO Box 1885

City Magnolia	State AR	Zip Code 71754
------------------	-------------	-------------------

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

Name of Employer Therral Story Well Services Inc	Occupation Owner
---	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : SA11AI.5210

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
Therral Story

Mailing Address PO Box 1885

City Magnolia	State AR	Zip Code 71754
------------------	-------------	-------------------

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

Name of Employer Therral Story Well Services Inc	Occupation Owner
---	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : SA11AI.5222

Amount of Each Receipt this Period
2600.00

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

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

7600.00

**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 43 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

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

Mailing Address 1997 Columbia Road 34

City Magnolia State AR Zip Code 71753

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

Name of Employer Self-Employed Occupation Oil Producer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2013

Transaction ID : SA11AI.5611

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 9 Stuyvesant Oval

City New York State NY Zip Code 10009

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

Name of Employer Zurich Insurance Group Occupation Investment Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 02 / 2013

Transaction ID : SA11AI.5180

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
David Trulio

Mailing Address 1577 Maddux Lane

City McLean State VA Zip Code 22101

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

Name of Employer Raytheon Occupation Director of Programs

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : SA11AI.5560

Amount of Each Receipt this Period
 250.00

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 44 OF 111
	<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)
William J. Upton

Mailing Address 3310 27th Street NW

City Washington State DC Zip Code 20008

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

Name of Employer Americans for Tax Reform Occupation Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.5562

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jim C. Walton

Mailing Address PO Box 1860

City Bentonville State AR Zip Code 72712

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

Name of Employer Arvest Bank Occupation Banking

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5224

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Lynne Walton

Mailing Address PO Box 1860

City Bentonville State AR Zip Code 72712

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.5226

Amount of Each Receipt this Period
2600.00

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

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

5450.00

**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 45 OF 111
	<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)
Stuart Walton

Mailing Address PO Box 1860

City Bentonville State AR Zip Code 72712

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 **342.97**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 20 / 2013

Transaction ID : SA11AI.5644

Amount of Each Receipt this Period
342.97

In-kind - F&B for Campaign Event

B. Full Name (Last, First, Middle Initial)
Stuart Walton

Mailing Address PO Box 1860

City Bentonville State AR Zip Code 72712

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 **741.45**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : SA11AI.5642

Amount of Each Receipt this Period
398.48

In-kind - Catering for Campaign Event

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

Mailing Address PO Box 1860

City Bentonville State AR Zip Code 72712

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 **1997.64**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.5646

Amount of Each Receipt this Period
1256.19

In-kind - Catering Services

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

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

1997.64

**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 46 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial) A. Stuart Walton		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2013	
Mailing Address PO Box 1860		Transaction ID : SA11AI.5648	
City Bentonville	State AR	Zip Code 72712	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.25 In-kind - Floral Arrangements	
Name of Employer Self-Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2025.89		

Full Name (Last, First, Middle Initial) B. Stuart Walton		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2013	
Mailing Address PO Box 1860		Transaction ID : SA11AI.5650	
City Bentonville	State AR	Zip Code 72712	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00 In-kind - F&B for Campaign Event	
Name of Employer Self-Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2075.89		

Full Name (Last, First, Middle Initial) C. Stuart Walton		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2013	
Mailing Address PO Box 1860		Transaction ID : SA11AI.5652	
City Bentonville	State AR	Zip Code 72712	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 332.03 In-kind - Catering Supplies	
Name of Employer Self-Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2407.92		

SUBTOTAL of Receipts This Page (optional).....	410.28
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 47 OF 111
	<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)
William Blaise Warren

Mailing Address 6621 Jill Court

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Paul Weiss Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 08 / 2013

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Christian W. Weiser

Mailing Address 260 Bethel Road

City State Zip Code
Magnolia AR 71753

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

Name of Employer Occupation
Weiser Brown Operating Co President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2013

Transaction ID : SA11AI.5590

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Kathryn Wheelbarger

Mailing Address 930 South 17th Street

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation
U.S. Government Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 15 / 2013

Transaction ID : SA11AI.5565

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 48 OF 111
	<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)
Chad White

Mailing Address **PO Box 634**

City **Magnolia** State **AR** Zip Code **71754**

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

Name of Employer **Chad White Operating Inc.** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 19 / 2013

Transaction ID : SA11AI.5567

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ethan Wingfield

Mailing Address **30 Westgate Parkway**

City **Asheville** State **NC** Zip Code **28806**

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

Name of Employer **Capital One Financial Corp.** Occupation **Strategy Director**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 21 / 2013

Transaction ID : SA11AI.5591

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Rebecca Yarbrough

Mailing Address **111 North 53rd Street**

City **Fort Smith** State **AR** Zip Code **72903**

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 **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.5612

Amount of Each Receipt this Period
1000.00

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

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

1750.00

**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 49 OF 111
	<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)
Kristin Yemm

Mailing Address 1800 S. Brentwood

City Saint Louis State MO Zip Code 63144

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

Name of Employer Bryan Cave LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11AI.5593

Amount of Each Receipt this Period
 500.00

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).....

500.00

127372.83

**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 50 OF 111
	<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	

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)
ARVEST BANK GROUP INC PAC INC

Mailing Address **PO BOX 799**

City **LOWELL** State **AR** Zip Code **72745**

FEC ID number of contributing federal political committee. **C C00336768**

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
11 / 30 / 2013

Transaction ID : SA11C.5107

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ARVEST BANK GROUP INC PAC INC

Mailing Address **PO BOX 799**

City **LOWELL** State **AR** Zip Code **72745**

FEC ID number of contributing federal political committee. **C C00336768**

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
12 / 31 / 2013

Transaction ID : SA11C.5279

Amount of Each Receipt this Period
 1000.00

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

2000.00

**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 51 OF 111
	<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 Y Y 10 / 05 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5303	
City HOT SPRINGS	State AR	Zip Code 71903	
FEC ID number of contributing federal political committee. C H4AR04055		Amount of Each Receipt this Period 150.00 In-kind - Internet Services	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3650.91		

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5305	
City HOT SPRINGS	State AR	Zip Code 71903	
FEC ID number of contributing federal political committee. C H4AR04055		Amount of Each Receipt this Period 50.00 In-kind - Internet Services	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3700.91		

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5338	
City HOT SPRINGS	State AR	Zip Code 71903	
FEC ID number of contributing federal political committee. C H4AR04055		Amount of Each Receipt this Period 31.08 In-kind - Transportation Mileage	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3731.99		

SUBTOTAL of Receipts This Page (optional).....	231.08
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 52 OF 111
	<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

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
3763.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 08 / 2013

Transaction ID : SA11D.5340

Amount of Each Receipt this Period
31.08

In-kind - Transportation Mileage

B. 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
3891.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 10 / 2013

Transaction ID : SA11D.5342

Amount of Each Receipt this Period
128.26

In-kind - Transportation Mileage

C. 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
3964.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11D.5348

Amount of Each Receipt this Period
73.45

In-kind - Transportation Mileage

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

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

232.79

**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 53 OF 111
	<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

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
4055.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 14 / 2013

Transaction ID : SA11D.5350

Amount of Each Receipt this Period
90.97

In-kind - Transportation Mileage

B. 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
4155.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2013

Transaction ID : SA11D.5307

Amount of Each Receipt this Period
100.00

In-kind - Event Registration Fee

C. 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
4217.91

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2013

Transaction ID : SA11D.5358

Amount of Each Receipt this Period
62.16

In-kind - Transportation Mileage

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

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

253.13

**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 54 OF 111
	<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

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
4223.51

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SA11D.5309

Amount of Each Receipt this Period
5.60

In-kind - Postage

B. 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
4231.29

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 21 / 2013

Transaction ID : SA11D.5311

Amount of Each Receipt this Period
7.78

In-kind - Office Supplies

C. 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
4249.88

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 22 / 2013

Transaction ID : SA11D.5315

Amount of Each Receipt this Period
18.59

In-kind - Meeting Expense-Meals

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

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

31.97

**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 55 OF 111
	<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

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
4330.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 22 / 2013

Transaction ID : SA11D.5360

Amount of Each Receipt this Period
80.24

In-kind - Transportation Mileage

B. 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
4360.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 23 / 2013

Transaction ID : SA11D.5317

Amount of Each Receipt this Period
30.00

In-kind - Postage

C. 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
4422.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 24 / 2013

Transaction ID : SA11D.5362

Amount of Each Receipt this Period
62.16

In-kind - Transportation Mileage

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

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

172.40

**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 56 OF 111
	<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

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
4495.73

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 27 / 2013

Transaction ID : SA11D.5364

Amount of Each Receipt this Period
73.45

In-kind - Transportation Mileage

B. 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
4534.03

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : SA11D.5319

Amount of Each Receipt this Period
38.30

In-kind - Meeting Expense-Meals

C. 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
4626.69

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : SA11D.5366

Amount of Each Receipt this Period
92.66

In-kind - Transportation Mileage

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

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

204.41

**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 57 OF 111
	<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

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
4700.14

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2013

Transaction ID : SA11D.5368

Amount of Each Receipt this Period
73.45

In-kind - Transportation Mileage

B. 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
4849.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : SA11D.5321

Amount of Each Receipt this Period
148.90

In-kind - Air Travel for Candidate

C. 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
4942.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 01 / 2013

Transaction ID : SA11D.5288

Amount of Each Receipt this Period
93.80

In-kind - Air Travel for Candidate

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

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

316.15

**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 58 OF 111
	<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 Y Y 11 / 04 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5323	
City HOT SPRINGS	State AR	Zip Code 71903	
FEC ID number of contributing federal political committee. C H4AR04055		Amount of Each Receipt this Period 30.00 In-kind - Merchant Fee	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4972.84		

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5370	
City HOT SPRINGS	State AR	Zip Code 71903	
FEC ID number of contributing federal political committee. C H4AR04055		Amount of Each Receipt this Period 128.82 In-kind - Transportation Mileage	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5101.66		

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5372	
City HOT SPRINGS	State AR	Zip Code 71903	
FEC ID number of contributing federal political committee. C H4AR04055		Amount of Each Receipt this Period 62.16 In-kind - Transportation Mileage	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5163.82		

SUBTOTAL of Receipts This Page (optional).....	220.98
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 59 OF 111
	<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)
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 **5207.42**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 10 / 2013

Transaction ID : SA11D.5327

Amount of Each Receipt this Period
43.60

In-kind - Parking

B. 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 **5241.42**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 11 / 2013

Transaction ID : SA11D.5297

Amount of Each Receipt this Period
34.00

In-kind - Meeting Expense-Meals

C. 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 **5292.17**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 11 / 2013

Transaction ID : SA11D.5329

Amount of Each Receipt this Period
50.75

In-kind - Meeting Expense-Meals

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

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

128.35

**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 60 OF 111
	<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)
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
5498.97

Date of Receipt
 M M / D D / Y Y Y Y
11 / 11 / 2013

Transaction ID : SA11D.5374

Amount of Each Receipt this Period
206.80

In-kind - Transportation Mileage

B. 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
5645.88

Date of Receipt
 M M / D D / Y Y Y Y
11 / 12 / 2013

Transaction ID : SA11D.5384

Amount of Each Receipt this Period
146.91

In-kind - Transportation Mileage

C. 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
5711.43

Date of Receipt
 M M / D D / Y Y Y Y
11 / 13 / 2013

Transaction ID : SA11D.5331

Amount of Each Receipt this Period
65.55

In-kind - Meeting Expense-Meals

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

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

419.26

**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 61 OF 111
	<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

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5386	
City HOT SPRINGS	State AR	Zip Code 71903	
FEC ID number of contributing federal political committee. C H4AR04055		Amount of Each Receipt this Period 62.16 In-kind - Transportation Mileage	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5773.59		

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5388	
City HOT SPRINGS	State AR	Zip Code 71903	
FEC ID number of contributing federal political committee. C H4AR04055		Amount of Each Receipt this Period 23.74 In-kind - Transportation Mileage	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5797.33		

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5390	
City HOT SPRINGS	State AR	Zip Code 71903	
FEC ID number of contributing federal political committee. C H4AR04055		Amount of Each Receipt this Period 120.92 In-kind - Transportation Mileage	
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5918.25		

SUBTOTAL of Receipts This Page (optional).....	206.82
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 62 OF 111
<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

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
6038.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2013

Transaction ID : SA11D.5686

Amount of Each Receipt this Period
120.35

In-kind - Transportation Mileage

B. 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
6052.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2013

Transaction ID : SA11D.5291

Amount of Each Receipt this Period
14.20

In-kind - Meeting Expense-Meals

C. 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
6145.46

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2013

Transaction ID : SA11D.5684

Amount of Each Receipt this Period
92.66

In-kind - Transportation Mileage

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

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

227.21

**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 64 OF 111
	<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

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
6973.47

Date of Receipt
 M M / D D / Y Y Y Y
11 / 28 / 2013

Transaction ID : SA11D.5295

Amount of Each Receipt this Period
203.60

In-kind - Air Travel for Candidate

B. 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
7103.43

Date of Receipt
 M M / D D / Y Y Y Y
11 / 28 / 2013

Transaction ID : SA11D.5678

Amount of Each Receipt this Period
129.96

In-kind - Transportation Mileage

C. 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
7178.58

Date of Receipt
 M M / D D / Y Y Y Y
12 / 05 / 2013

Transaction ID : SA11D.5676

Amount of Each Receipt this Period
75.15

In-kind - Transportation Mileage

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

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

408.71

**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 65 OF 111
	<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 Y 12 / 08 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5674	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 31.08 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 7209.66		

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5299	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 92.00 In-kind - Meeting Expense-Meals
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 7301.66		

Full Name (Last, First, Middle Initial) THOMAS MOLL		Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2013	
Mailing Address PO BOX 21795		Transaction ID : SA11D.5672	
City HOT SPRINGS	State AR	Zip Code 71903	Amount of Each Receipt this Period _____ 31.08 In-kind - Transportation Mileage
FEC ID number of contributing federal political committee. C H4AR04055			
Name of Employer Self Employed	Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 7332.74		

SUBTOTAL of Receipts This Page (optional).....	_____ 154.16
TOTAL This Period (last page this line number only).....	_____

**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 66 OF 111
	<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

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
7410.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : SA11D.5335

Amount of Each Receipt this Period
77.38

In-kind - Lodging

B. 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
7544.03

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : SA11D.5670

Amount of Each Receipt this Period
133.91

In-kind - Transportation Mileage

C. 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
7586.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 12 / 2013

Transaction ID : SA11D.5380

Amount of Each Receipt this Period
42.38

In-kind - Transportation Mileage

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

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

253.67

**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 67 OF 111
	<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

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
7648.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SA11D.5668

Amount of Each Receipt this Period
62.16

In-kind - Transportation Mileage

B. 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
7777.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SA11D.5666

Amount of Each Receipt this Period
128.82

In-kind - Transportation Mileage

C. 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
7839.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 18 / 2013

Transaction ID : SA11D.5376

Amount of Each Receipt this Period
62.16

In-kind - Transportation Mileage

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

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

253.14

**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 68 OF 111
	<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

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
7960.47

Date of Receipt
 / /
12 / 19 / 2013

Transaction ID : SA11D.5354

Amount of Each Receipt this Period
 120.92

In-kind - Transportation Mileage

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).....

120.92

4459.56

**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 69 OF 111	
	<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. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 93.80
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Air Travel for Candidate See Transaction SA11D.5288	Transaction ID : SB17.5715
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Arkansas Department of Workforce Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 2 Capitol Mall		Amount of Each Disbursement this Period 144.00
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement State Unemployment Insurance	Transaction ID : SB17.5794
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. Arkansas Department of Workforce Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 2 Capitol Mall		Amount of Each Disbursement this Period 72.00
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement State Unemployment Insurance	Transaction ID : SB17.5795
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).....	216.00
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 70 OF 111			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Automatic Data Processing		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 220.16
City Alpharetta	State GA	
Zip Code 30005		
Purpose of Disbursement Payroll Services and Insurance		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 12 / 05 / 2013
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 110.08
City Alpharetta	State GA	
Zip Code 30005		
Purpose of Disbursement Payroll Services and Insurance		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. Calico County		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 2401 S. 56th St.		Amount of Each Disbursement this Period 14.20
City Fort Smith	State AR	
Zip Code 72903		
Purpose of Disbursement Meeting Expense-Meals See Transaction SA11D.5291		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).....	330.24
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 71 OF 111	
	<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. Cardinal Cafe		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 2735 Cash Road SW		Amount of Each Disbursement this Period 25.39
City Camden	State AR	
Zip Code 71701	Purpose of Disbursement Meeting Expense-Meals See Transaction SA11D.5680	Transaction ID : SB17.5736
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 203.60
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Air Travel for Candidate See Transaction SA11D.5295	Transaction ID : SB17.5738
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Delta Airlines Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 203.60
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Air Travel for Staff	Transaction ID : SB17.5236
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).....	203.60
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 72 OF 111			
	<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. El Parian			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013		
Mailing Address 2301 W. Walnut St.			Amount of Each Disbursement this Period 34.00		
City Paris	State AR	Zip Code 72855	Transaction ID : SB17.5721 [MEMO ITEM]		
Purpose of Disbursement Meeting Expense-Meals See Transaction SA11D.5297		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. Facebook Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013		
Mailing Address 1601 Willow Rd			Amount of Each Disbursement this Period 250.10		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SB17.5760		
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. Four Seasons Hotel			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013		
Mailing Address 2800 Pennsylvania Ave. NW			Amount of Each Disbursement this Period 92.00		
City Washington	State DC	Zip Code 20007	Transaction ID : SB17.5756 [MEMO ITEM]		
Purpose of Disbursement Meeting Expense-Meals See Transaction SA11D.5299		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).....	250.10
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 73 OF 111	
	<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 10 / 14 / 2013
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.5061
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal Services	
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 10 / 14 / 2013
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 1651.00 Transaction ID : SB17.5229
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal Services	
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 10 / 14 / 2013
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 2295.00 Transaction ID : SB17.5230
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal Services	
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).....	6196.00
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 74 OF 111	
	<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 12 / 19 / 2013
Mailing Address 2101 Cedar Spring Road Ste 1050		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.5285
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal Services	
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. Grubs Bar and Grille		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 3001 Market St.		Amount of Each Disbursement this Period 50.75 Transaction ID : SB17.5723 [MEMO ITEM]
City Rogers State AR Zip Code 72758	Purpose of Disbursement Meeting Expense-Meals See Transaction SA11D.5329	
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. Hotels.com		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 5400 LBJ Freeway Ste. 500		Amount of Each Disbursement this Period 77.38 Transaction ID : SB17.5759 [MEMO ITEM]
City Dallas State TX Zip Code 75240	Purpose of Disbursement Travel-Lodging See Transaction SA11D.5335	
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).....	2250.00
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 75 OF 111	
	<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. Little Rock National Airport		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2013
Mailing Address 1 Airport Drive		Amount of Each Disbursement this Period 43.60
City Little Rock	State AR	
Zip Code 72202	Purpose of Disbursement Travel-Parking See Transaction SA11D.5327	Transaction ID : SB17.5719
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. LSC Marketing		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 2207 Cantrell Road		Amount of Each Disbursement this Period 787.32
City Little Rock	State AR	
Zip Code 72202	Purpose of Disbursement Mail Services	Transaction ID : SB17.5744
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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 150.00
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Internet Services	Transaction ID : SB17.5304
Candidate Name	Category/ Type	
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		

SUBTOTAL of Disbursements This Page (optional).....	937.32
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 76 OF 111			
	<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 10 / 07 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.5306
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Internet Services	Category/ Type
Candidate Name	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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 31.08 Transaction ID : SB17.5339
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: 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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 31.08 Transaction ID : SB17.5341
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 04	

SUBTOTAL of Disbursements This Page (optional).....	112.16
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 77 OF 111			
	<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 10 / 10 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 128.26 Transaction ID : SB17.5343
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: 2014	<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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 73.45 Transaction ID : SB17.5349
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: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 90.97 Transaction ID : SB17.5351
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: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: AR District: 04	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	292.68
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 78 OF 111			
	<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 10 / 16 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5308
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Event Registration Fee	Category/ Type
Candidate Name	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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 62.16 Transaction ID : SB17.5359
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: 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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 5.60 Transaction ID : SB17.5310
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Postage	Category/ Type
Candidate Name	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	

SUBTOTAL of Disbursements This Page (optional).....	167.76
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 79 OF 111	
	<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 10 / 21 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 7.78 Transaction ID : SB17.5312
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Office Supplies	Category/ Type
Candidate Name	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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 18.59 Transaction ID : SB17.5316
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Meeting Expense-Meals	Category/ Type
Candidate Name	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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 80.24 Transaction ID : SB17.5361
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 04	

SUBTOTAL of Disbursements This Page (optional).....	106.61
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 80 OF 111			
	<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 10 / 23 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.5318
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Postage	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: AR District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 62.16 Transaction ID : SB17.5363
City HOT SPRINGS	State AR	
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	
State: AR District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 73.45 Transaction ID : SB17.5365
City HOT SPRINGS	State AR	
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	
State: AR District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	165.61
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 81 OF 111			
	<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 10 / 28 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 38.30
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Meeting Expense-Meals	Transaction ID : SB17.5320
Candidate Name	Category/ Type	
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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 92.66
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Transaction ID : SB17.5367
Candidate Name	Category/ Type	
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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 73.45
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Transportation Mileage	Transaction ID : SB17.5369
Candidate Name	Category/ Type	
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	

SUBTOTAL of Disbursements This Page (optional).....	204.41
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 82 OF 111			
	<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 10 / 31 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 148.90 Transaction ID : SB17.5322
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Air Travel for Candidate		Category/ Type
Candidate Name		
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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 93.80 Transaction ID : SB17.5289
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Air Travel for Candidate		Category/ Type
Candidate Name		
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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.5324
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Merchant Fee		Category/ Type
Candidate Name		
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	

SUBTOTAL of Disbursements This Page (optional).....	272.70
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 83 OF 111	
	<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 11 / 04 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 128.82 Transaction ID : SB17.5371
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: 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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 62.16 Transaction ID : SB17.5373
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: 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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 43.60 Transaction ID : SB17.5328
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Parking	Category/ Type
Candidate Name	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	

SUBTOTAL of Disbursements This Page (optional).....	234.58
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 84 OF 111			
	<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 11 / 11 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 34.00 Transaction ID : SB17.5298
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Meeting Expense-Meals	Category/ Type
Candidate Name	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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 50.75 Transaction ID : SB17.5330
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Meeting Expense-Meals	Category/ Type
Candidate Name	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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 206.80 Transaction ID : SB17.5375
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 04	

SUBTOTAL of Disbursements This Page (optional).....	291.55
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 85 OF 111			
	<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 11 / 12 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 146.91 Transaction ID : SB17.5385
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: 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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 65.55 Transaction ID : SB17.5332
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Meeting Expense-Meals	Category/ Type
Candidate Name	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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 62.16 Transaction ID : SB17.5387
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 04	

SUBTOTAL of Disbursements This Page (optional).....	274.62
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 86 OF 111	
	<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 11 / 16 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 23.74 Transaction ID : SB17.5389
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: 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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 120.92 Transaction ID : SB17.5391
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: 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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 120.35 Transaction ID : SB17.5687
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 04	

SUBTOTAL of Disbursements This Page (optional).....	265.01
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 87 OF 111			
	<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 11 / 20 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 14.20 Transaction ID : SB17.5292
City HOT SPRINGS	State AR	
Purpose of Disbursement In-kind - Meeting Expense-Meals		Category/ Type
Candidate Name		
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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 92.66 Transaction ID : SB17.5685
City HOT SPRINGS	State AR	
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: 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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 120.92 Transaction ID : SB17.5683
City HOT SPRINGS	State AR	
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	227.78
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 88 OF 111			
	<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 11 / 26 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 478.10 Transaction ID : SB17.5334
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Air Travel for Candidate	Category/ Type
Candidate Name	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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 25.39 Transaction ID : SB17.5681
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Meeting Expense-Meals	Category/ Type
Candidate Name	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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 203.60 Transaction ID : SB17.5296
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Air Travel for Candidate	Category/ Type
Candidate Name	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	

SUBTOTAL of Disbursements This Page (optional).....	707.09
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 89 OF 111			
	<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 11 / 28 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 236.19 Transaction ID : SB17.5679
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: 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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 75.15 Transaction ID : SB17.5677
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: 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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 31.08 Transaction ID : SB17.5675
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 04	

SUBTOTAL of Disbursements This Page (optional).....	236.19
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 90 OF 111			
	<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 12 / 10 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 92.00 Transaction ID : SB17.5300
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Meeting Expense-Meals	Category/ Type
Candidate Name	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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 31.08 Transaction ID : SB17.5673
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: 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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 77.38 Transaction ID : SB17.5336
City HOT SPRINGS	State AR	
Zip Code 71903	Purpose of Disbursement In-kind - Lodging	Category/ Type
Candidate Name	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	

SUBTOTAL of Disbursements This Page (optional).....	200.46
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 91 OF 111			
	<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 12 / 11 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 133.91 Transaction ID : SB17.5671
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: 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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 42.38 Transaction ID : SB17.5381
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: 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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 62.16 Transaction ID : SB17.5669
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AR District: 04	

SUBTOTAL of Disbursements This Page (optional).....	238.45
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 92 OF 111			
	<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 12 / 17 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 128.82 Transaction ID : SB17.5667
City HOT SPRINGS	State AR	
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: 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. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 62.16 Transaction ID : SB17.5377
City HOT SPRINGS	State AR	
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: 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) C. THOMAS MOLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 120.92 Transaction ID : SB17.5355
City HOT SPRINGS	State AR	
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	311.90
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 93 OF 111			
	<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. Moll Printing Company		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 1012 Linn Street		Amount of Each Disbursement this Period 383.11
City Sikeston	State MO	
Zip Code 63801	Purpose of Disbursement Printing 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. NetBoots		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2013
Mailing Address 9043 Soquel Drive		Amount of Each Disbursement this Period 150.00
City Aptos	State CA	
Zip Code 95003	Purpose of Disbursement Internet Services See Transaction SA11D.5303	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. NetBoots		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 9043 Soquel Drive		Amount of Each Disbursement this Period 50.00
City Aptos	State CA	
Zip Code 95003	Purpose of Disbursement Internet Services See Transaction SA11D.5305	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).....	383.11
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 94 OF 111			
	<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. NetBoots		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 9043 Soquel Drive		Amount of Each Disbursement this Period 150.00
City Aptos	State CA Zip Code 95003	
Purpose of Disbursement Internet Services	Category/Type	Transaction ID : SB17.5753
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. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 186.95
City Hot Springs	State AR Zip Code 71913	
Purpose of Disbursement Office Supplies	Category/Type	Transaction ID : SB17.5056
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. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 7.78
City Hot Springs	State AR Zip Code 71913	
Purpose of Disbursement Office Supplies See Transaction SA11D.5311	Category/Type	Transaction ID : SB17.5704
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).....	336.95
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 95 OF 111			
	<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 10 / 30 / 2013
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 119.83 Transaction ID : SB17.5079
City Hot Springs State AR Zip Code 71913	Purpose of Disbursement Office Supplies	
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 11 / 01 / 2013
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 176.02 Transaction ID : SB17.5080
City Hot Springs State AR Zip Code 71913	Purpose of Disbursement Office Supplies	
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. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 305.54 Transaction ID : SB17.5082
City Hot Springs State AR Zip Code 71913	Purpose of Disbursement Office Supplies	
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).....	601.39
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 96 OF 111			
	<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 11 / 06 / 2013
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 9.00
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5089
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 12 / 04 / 2013
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 302.38
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5742
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. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 154.38
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5754
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).....	465.76
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 97 OF 111			
	<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 12 / 20 / 2013
Mailing Address 400 Cornerstone Blvd		Amount of Each Disbursement this Period 142.13
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5768
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. PayPal Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 30.00
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement In-kind - Merchant Fee See Transaction SA11D.5323	Transaction ID : SB17.5776
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. PayPal Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 1645.76
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Merchant Fees	Transaction ID : SB17.5108
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).....	1787.89
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 98 OF 111			
	<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. Republican Party Sebastian County		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 5000 Rogers Ave.		Amount of Each Disbursement this Period 100.00
City Fort Smith	State AR	
Zip Code 72903	Purpose of Disbursement Event Registration Fee See Transaction SA11D.5307	Transaction ID : SB17.5702
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Matthew Rettner		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 374 McLean Ave.		Amount of Each Disbursement this Period 564.90
City Yonkers	State NY	
Zip Code 72202	Purpose of Disbursement In-kind - F&B for Campaign Event	Transaction ID : SB17.5657
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. Sno White Grill		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 310 East 5th		Amount of Each Disbursement this Period 18.59
City Pine Bluff	State AR	
Zip Code 71601	Purpose of Disbursement Meeting Expense-Meals See Transaction SA11D.5315	Transaction ID : SB17.5706
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	564.90
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 99 OF 111			
	<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 11 / 12 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.5790
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 11 / 13 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 3600.00 Transaction ID : SB17.5791
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. Peter Somerville		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address PO BOX 21795		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.5792
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:	

SUBTOTAL of Disbursements This Page (optional).....	7200.00
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 100 OF 111	
	<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. Spilled Milk Catering		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 18911 Premiere Court		Amount of Each Disbursement this Period 2728.00
City Gaithersburg	State MD	
Zip Code 20879	Purpose of Disbursement Catering Services	Transaction ID : SB17.5767
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. The Capital Hotel		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 111 W. Markham St.		Amount of Each Disbursement this Period 65.55
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Meeting Expense-Meals See Transaction SA11D.5331	Transaction ID : SB17.5728
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 5.60
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage See Transaction SA11D.5309	Transaction ID : SB17.5703
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2728.00
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 101 OF 111	
	<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 10 / 23 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 46.00
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Transaction ID : SB17.5064
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. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 30.00
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage See Transaction SA11D.5317	Transaction ID : SB17.5707
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 5.80
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Transaction ID : SB17.5090
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).....	51.80
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 102 OF 111	
	<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 11 / 07 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 5.60 Transaction ID : SB17.5091
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. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 5.60 Transaction ID : SB17.5092
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) C. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 5.60 Transaction ID : SB17.5739
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:	

SUBTOTAL of Disbursements This Page (optional).....	16.80
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 103 OF 111	
	<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 12 / 03 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 18.00 Transaction ID : SB17.5741
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. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 5.60 Transaction ID : SB17.5762
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) C. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 2.65 Transaction ID : SB17.5765
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:	

SUBTOTAL of Disbursements This Page (optional).....	26.25
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 104 OF 111	
	<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 12 / 23 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 1.38
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Transaction ID : SB17.5769
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. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 335 Section Line Rd.		Amount of Each Disbursement this Period 19.32
City Hot Springs	State AR	
Zip Code 71913	Purpose of Disbursement Postage	Transaction ID : SB17.5770
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. US Airways		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 5000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 148.90
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Air Travel for Candidate See Transaction SA11D.5321	Transaction ID : SB17.5714
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20.70
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 105 OF 111	
	<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 Airways		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 5000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 478.10
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Air Travel for Candidate See Transaction SA11D.5333	Transaction ID : SB17.5737
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US EFTPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 296.40
City Washington	State DC	
Zip Code 20220	Purpose of Disbursement Federal Tax and Insurance Payments	Transaction ID : SB17.5797
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. US EFTPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 148.20
City Washington	State DC	
Zip Code 20220	Purpose of Disbursement Federal Tax and Insurance Payments	Transaction ID : SB17.5801
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).....	444.60
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 106 OF 111	
	<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. Village Inn		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 2300 S.E. Walton Blvd.		Amount of Each Disbursement this Period 38.30
City Bentonville	State AR	
Zip Code 72712	Purpose of Disbursement Meeting Expense-Meals See Transaction SA11D.5319	Transaction ID : SB17.5710
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Steuart Walton		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address PO Box 1860		Amount of Each Disbursement this Period 342.97
City Bentonville	State AR	
Zip Code 72712	Purpose of Disbursement In-kind - F&B for Campaign Event	Transaction ID : SB17.5645
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. Steuart Walton		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address PO Box 1860		Amount of Each Disbursement this Period 398.48
City Bentonville	State AR	
Zip Code 72712	Purpose of Disbursement In-kind - Catering for Campaign Event	Transaction ID : SB17.5643
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:		

SUBTOTAL of Disbursements This Page (optional).....	741.45
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 107 OF 111	
	<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. Steuart Walton		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address PO Box 1860		Amount of Each Disbursement this Period 1256.19 Transaction ID : SB17.5647
City Bentonville	State AR	
Zip Code 72712	Purpose of Disbursement In-kind - Catering Services	Category/ Type
Candidate Name	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) B. Steuart Walton		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address PO Box 1860		Amount of Each Disbursement this Period 28.25 Transaction ID : SB17.5649
City Bentonville	State AR	
Zip Code 72712	Purpose of Disbursement In-kind - Floral Arrangements	Category/ Type
Candidate Name	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. Steuart Walton		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address PO Box 1860		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.5651
City Bentonville	State AR	
Zip Code 72712	Purpose of Disbursement In-kind - F&B for Campaign Event	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	1334.44
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 108 OF 111	
	<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. Stuart Walton		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address PO Box 1860		Amount of Each Disbursement this Period 332.03 Transaction ID : SB17.5653
City Bentonville	State AR	
Zip Code 72712	Purpose of Disbursement In-kind - Catering Supplies	Category/ Type
Candidate Name	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) B. Wickers Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 1819 Polk Street Ste 373		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5700
City San Francisco	State CA	
Zip Code 94109	Purpose of Disbursement General 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) c. Wickers Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 1819 Polk Street Ste 373		Amount of Each Disbursement this Period 6375.00 Transaction ID : SB17.5711
City San Francisco	State CA	
Zip Code 94109	Purpose of Disbursement Polling 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:	

SUBTOTAL of Disbursements This Page (optional).....	11707.03
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 109 OF 111			
	<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. Wickers Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 1819 Polk Street Ste 373		Amount of Each Disbursement this Period 6375.00
City San Francisco	State CA Zip Code 94109	
Purpose of Disbursement Polling Services	Category/Type	Transaction ID : SB17.5712
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).....	6375.00
TOTAL This Period (last page this line number only).....	49478.89

**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 110 OF 111	
	<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. James E. Humphrey Jr.		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 1203 East 33rd St.		Amount of Each Disbursement this Period 100.00 Transaction ID : SB20A.5661
City Texarkana State AR Zip Code 71854	Purpose of Disbursement Refund 12/30/2013 Contribution	
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) 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	
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 M M / D D / Y Y Y Y
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).....	100.00
TOTAL This Period (last page this line number only).....	100.00

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

NAME OF COMMITTEE (In Full)

MOLL FOR CONGRESS INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC		Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Spring Road Ste 1050		
City Dallas	State TX	Zip Code 75201

Outstanding Balance Beginning This Period 1651.00	Transaction ID : SD10.4980	
Amount Incurred This Period 0.00	Payment This Period 1651.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC		Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Spring Road Ste 1050		
City Dallas	State TX	Zip Code 75201

Outstanding Balance Beginning This Period 2295.00	Transaction ID : SD10.4981	
Amount Incurred This Period 0.00	Payment This Period 2295.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC		Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Spring Road Ste 1050		
City Dallas	State TX	Zip Code 75201

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5779	
Amount Incurred This Period 2250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2250.00

1) SUBTOTALS This Period This Page (optional)	2250.00
2) TOTALS This Period (last page this line number only)	2250.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	2250.00