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## 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| 1. NAME OF COMMITTEE IN FULL<br>Moolenaar for Co     |                 |                  |                       |                                   |                |                                    |   |
|--|-----------------|------------------|-----------------------|-----------------------------------|----------------|------------------------------------|---|
| ADDRESS (number and street) 5                        | 915 Eastman Ave | nue              |                       |                                   |                |                                    |   |
| S  | uite 100        |                  |                       |                                   |                |                                    |   |
| CITY   |                 | STATE            |                       | ZIP CODE                          |                |                                    |   |
| Midland  |                 | MI               |                       | 48640-6824                        | 1              |                                    |   |
| 2. NAME OF CANDIDATE<br>Moolenaar, John, R., Mi      | r.,             |                  | 3. OFFICE SO<br>House | UGHT (State and D<br>MI           | istrict)<br>02 | 4. FEC IDENTIFICATION<br>C00561530 | NUMBER  |
| 5. IS THIS AN AMENDMENT?                             | NO, THIS IS A   | NEW FILING       | YES, IT AME           | NDS THE NOTICE                    | FILED ON       | //                                 |   |
| A. FULL NAME<br>Comcast Corp & N                     | Name of Emp     | Name of Employer |                       |                                   | Amount         |                                    |   |
| MAILING ADDRESS<br>1701 John F Kennedy Blvd<br>Fl 49 |                 |                  | Transaction           | Transaction ID : 67039B295DF9C4FF |                |                                    | 2000.00   |
| CITY   | STATE           | ZIP CODE         | Occupation            |                                   |                |                                    |   |
| Dhiladalahia   | PA              | 40402 205        |                       |                                   |                |                                    |   |
| Philadelphia   | PA              | 19103-285        |                       |                                   |                | Date (month,                       | Amount  |
| B. FULL NAME   |                 |                  | Name of Emp           | Name of Employer                  |                |                                    | Amount  |
| MAILING ADDRESS                                      |                 |                  |                       |                                   |                |                                    |   |
| CITY   | STATE           | ZIP CODE         | Occupation            | Occupation                        |                |                                    |   |
| C. FULL NAME   |                 |                  | Name of Emp           | Name of Employer                  |                |                                    | Amount  |
| MAILING ADDRESS                                      |                 |                  |                       |                                   |                |                                    |   |
| СІТҮ   | STATE           | ZIP CODE         | Occupation            |                                   |                |                                    |   |
| D. FULL NAME   |                 |                  | Name of Emp           | loyer                             |                | Date (month,<br>day, year)         | Amount  |
| MAILING ADDRESS                                      |                 |                  |                       |                                   |                |                                    |   |
| СІТҮ   | STATE           | ZIP CODE         | Occupation            | Occupation                        |                |                                    |   |
| E. FULL NAME   |                 |                  | Name of Emp           | Name of Employer                  |                |                                    | Amount  |
| MAILING ADDRESS                                      |                 |                  |                       |                                   |                |                                    |   |
| СІТҮ   | STATE           | ZIP CODE         | Occupation            |                                   |                |                                    |   |
| SIGNATURE (optional)<br>Bos, Kellie, , ,             |                 |                  | [Electronically       | Filed]                            |                | Federal Ele<br>999 E Street, NW    | nformation contact:<br>ection Commission<br>/, Washington, DC 20463<br>9530, Local 202-694-1100 |

| Any information copied from reports and statements filed under the Federal Election Campaign Act may r<br>be sold or used by any person for the purpose of soliciting contributions or for commercial purposes oft<br>than using the name and address of any political committee to solicit contributions from such committee |
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FEC FORM 6 (Revised 03/2016)