STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Moolenaar for Congress 5915 Eastman Avenue ADDRESS (number and street) Suite 100 (Check if address is changed) Midland 48640-6824 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kim.holzhauer@ahpplc.com (Check if address is changed) Optional Second E-Mail Address gwen.wamhoff@ahpplc.com COMMITTEE'S WEB PAGE ADDRESS (URL) johnmoolenaarforcongress.com (Check if address is changed) DATE 2016 C00561530 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mrs. Gwen D Lang Type or Print Name of Treasurer Mrs. Gwen D Lang [Electronically Filed] 02 12 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FFC F	orm 1 (Revised 02/2009)	Page 2				
TYPE OF	COMMITTEE	1 ugo 2				
	e Committee:					
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	Mr. John Moolenaar					
Candidate Party Affilia	tion Office Sought: X House Senate President	State MI District 04				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Co						
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Political	Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a				
	Corporation Corporation w/o Capital Stock	Labor Organization				
	Membership Organization Trade Association	Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fun	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Cor	nmittees Participating in Joint Fundraiser					
1.	FEC ID number					
2.	FEC ID number					
3.	FEC ID number					
4.						

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Write or Type Committee Name		i age 🗸		
Moolenaar for C				
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	archin BAC Spansor		
	rganization, Anniated Committee, Joint Fundraising Representative, or Lead	ership PAC Sportsor		
Michigan Victory 2016				
Mailing Address	824 S Milledge Ave			
Mailing Address	Ste 101			
	Athens GA 30608	5-1332		
	CITY STATE	ZIP CODE		
		ZII CODE		
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor		
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in	possession of committee		
Mrs. Gwen	D Lang			
Full Name	,5915 Eastman Avenue			
Mailing Address	Suite 100			
		0.0004		
	Mi 4864	0-6824		
Title or Position	CITY STATE	ZIP CODE		
Custodian of Records	Telephone number 989 –	835 7721		
Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of		
Full Name Mrs. Gwen	D Lang			
of Treasurer	5915 Eastman Avenue			
Mailing Address				
	Suite 100			
		0-6824		
Title or Position	CITY STATE	ZIP CODE		
Treasurer		835 - 7721		

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Full Name of Designated				
Agent				
Mailing Address				
		CITY	STATE	ZIP CODE
Title or Position		1		
		Tele	ephone number	
Mailing Address	Main			
		CITY	STATE	ZIP CODE
Name of Bank, D	pepository, etc.	CITY	STATE	ZIP CODE
Name of Bank, [Depository, etc.	CITY	STATE	ZIP CODE
Name of Bank, D		CITY	STATE	ZIP CODE
		CITY	STATE	ZIP CODE
		CITY	STATE	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Freshman Agricultural Republican Members Trust PO Box 30844 Mailing Address MD 20824-0844 Bethesda **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number