Image# 201702179049712576				02/17/2017 12 : 58
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Moolenaar for Co	ongress			
ADDRESS (number and street)	5915 Eastman Avenue			
(Check if address is changed)	Suite 100			
	Midland └────────────────────────────────────		STATE ▲	I8640-6824 – – ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	kim.holzhauer@ahpplo	c.com		
	Optional Second E-Mail Ad ∣gwen.wamhoff@ahp	dress pplc.com		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL))m 		
2. DATE 02 / 1	7 / Y Y Y Y 2017			
3. FEC IDENTIFICATION N	UMBER ► C c	00561530		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct a	nd complete.
Type or Print Name of Treasure	r Lang, Gwen, D., Mrs.,			
Signature of Treasurer	, Gwen, D., Mrs.,	[Electronically Filed]	Date 02	/ D D / Y Y Y Y 17 2017
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED \		he penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

02/17/2017 12 : 58

L

	-			
	FI	EC For	rm 1 (Revised 02/2009) Page 2	
5.	TYPE	OF C	OMMITTEE	
	Cand	lidate	e Committee:	
	(a)	×	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 candidat information below.)	e
	Name Candio	• ·	Moolenaar, John, , Mr.,	
	Candio Party	date Affiliatio	on Office Sought: X House Senate President District	MI 04
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candio			
	Party	/ Com	nmittee:	
	(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.)	Party.
	Politi	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	on is a:
			Corporation Corporation w/o Capital Stock Labor Organizat	ion
			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 committee. (i.e., nonconnected committee)	party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	Iraising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
		Com	mittees Participating in Joint Fundraiser	
		1.		
		2.		٦
		2. 3.		η
				닅
		4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Moolenaar for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Freshman Agricultural	Republican Members Trust	
Mailing Address	PO Box 30844	
	Bethesda	MD 20824-0844
	CITY	STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising	Representative Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Lang, Gwe	n, D., Mrs.,
Full Name	
	4775 N. Meridian Road
Mailing Address	
	Hope MI 48628-9632
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number 989 = 835 7721

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Lang, Gwen, D., Mrs.,
Mailing Address	4775 N. Meridian Road
	CITY STATE ZIP CODE
Title or Position Treasurer	Image: Telephone number 989 - 835 - 7721

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent														1	1								1			
Mailing Address																										
			1																L			1				
							CI	ΓY								STA	ΤE				ZIF	р С	OD	θE		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Cher	nical Bank	
Mailing Address	333 E. Main St	
	Midland	MI 48640
	CITY	STATE ZIP CODE
Name of Bank, Depositor	y, etc.	
Wells	s Fargo Bank	

	7905 Wisconsin Ave		
Mailing Address			
	,MD 1010		
	Bethesda	MD	20814
	CITY	STATE	ZIP CODE