

# 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  
Moolenaar for Congress

ADDRESS (number and street) 5915 Eastman Avenue  
Suite 100  
 Check if different than previously reported. (ACC) Midland MI 48640-6824

2. **FEC IDENTIFICATION NUMBER** C C00561530 CITY STATE ZIP CODE  
STATE DISTRICT  
MI 04

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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 M M / D D / Y Y Y Y in the State of  

(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
11 / 25 / 2014 through 12 / 31 / 2014

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 Gwen Lang

Signature of Treasurer Gwen Lang *[Electronically Filed]* Date M M / D D / Y Y Y Y  
01 / 31 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Moolenaar for Congress**

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))....	18103.3	23878.3
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18103.3	23878.3
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	51538.44	73731.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	101.18	101.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51437.26	73630.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28050.56	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	260877.47	

**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

**Moolenaar for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	553.3	803.3
(ii) Unitemized.....	50	75
(iii) TOTAL of contributions from individuals ▶	603.3	878.3
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	17500	23000
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18103.3	23878.3
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	101.18	101.18
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	18204.48	23979.48

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51538.44	73731.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	0	0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	51538.44	73731.67

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	61384.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18204.48
25. SUBTOTAL (add Line 23 and Line 24).....	79589
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51538.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28050.56

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

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

FOR LINE NUMBER: PAGE 5 OF 33  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Moolenaar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Cox**

Mailing Address 2205 Windsor Road

City State Zip Code  
Alexandria VA 22307-1019

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

Name of Employer Occupation  
Navigators Global Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**213.4**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 30 2014

**Transaction ID : A-IF1871**

Amount of Each Receipt this Period  
**213.4**

Inkind: In-kind - food for event

**B.** Full Name (Last, First, Middle Initial)  
**Mark Valente III**

Mailing Address 7055 Leestone Street

City State Zip Code  
Springfield VA 22151-3520

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

Name of Employer Occupation  
Valente & Associates Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**339.9**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 30 2014

**Transaction ID : A-IF1872**

Amount of Each Receipt this Period  
**339.9**

Inkind: In-Kind - food for event

**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).....

**553.30**

**553.30**

**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 33
	<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	

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NAME OF COMMITTEE (In Full)  
**Moolenaar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DTE Energy Company PAC - Federal**

Mailing Address 1 Energy Plaza

City State Zip Code  
Detroit MI 48226-1221

FEC ID number of contributing federal political committee. **C** C00081547

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt Retirement

Election Cycle-to-Date  
10000

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 11 / 2014

**Transaction ID : A-CF1826**

Amount of Each Receipt this Period  
2500

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Dykema Gossett Federal PAC**

Mailing Address 201 Townsend Street  
Suite 900

City State Zip Code  
Lansing MI 48933-1529

FEC ID number of contributing federal political committee. **C** C00342113

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt Retirement

Election Cycle-to-Date  
3500

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2014

**Transaction ID : A-CF1821**

Amount of Each Receipt this Period  
1000

Donation

**C.** Full Name (Last, First, Middle Initial)  
**K & L Gates LLP PAC**

Mailing Address 1601 K Street NW

City State Zip Code  
Washington DC 20006-1682

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt Retirement

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2014

**Transaction ID : A-CF1823**

Amount of Each Receipt this Period  
1000

Donation

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

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

4500.00

**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 33
	<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	

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NAME OF COMMITTEE (In Full)  
**Moolenaar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LaFarge North America Inc PAC**

Mailing Address 12018 Sunrise Valley Drive  
Suite 500

City Reston State VA Zip Code 20191-3434

FEC ID number of contributing federal political committee. **C C00431007**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt Retirement

Election Cycle-to-Date **6000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 15 / 2014

**Transaction ID : A-CF1822**

Amount of Each Receipt this Period  
 1000

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Michigan Sugar Company Growers PAC**

Mailing Address 2600 S Euclid Avenue

City Bay City State MI Zip Code 48706-3414

FEC ID number of contributing federal political committee. **C C00384354**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt Retirement

Election Cycle-to-Date **7500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 15 / 2014

**Transaction ID : A-CF1824**

Amount of Each Receipt this Period  
 1500

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Holland & Knight Committee for Effective Government**

Mailing Address 800 17th Street NW  
Suite 1100

City Washington State DC Zip Code 20006-3962

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt Retirement

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 17 / 2014

**Transaction ID : A-CF1825**

Amount of Each Receipt this Period  
 1000

Donation

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

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

3500.00

**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 33
	<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	

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NAME OF COMMITTEE (In Full)  
**Moolenaar for Congress**

**A. General Motors Corp. PAC (GM PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Massachusetts Avenue NW  
 Suite 400  
 City Washington State DC Zip Code 20001-1427  
 FEC ID number of contributing federal political committee. **C C00076810**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary     General  
 Other (specify)    Debt Retirement  
 Election Cycle-to-Date **7500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2014  
**Transaction ID : A-CF1827**  
 Amount of Each Receipt this Period  
 Donation **2500**

**B. Marathon Petroleum Corporation Employees PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 75000  
 City Detroit State MI Zip Code 48275-0001  
 FEC ID number of contributing federal political committee. **C C00496307**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary     General  
 Other (specify)    Debt Retirement  
 Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : A-CF1828**  
 Amount of Each Receipt this Period  
 Donation **2500**

**C. National Rifle Association Political Victory Fund (NRA)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11250 Waples Mill Road  
 City Fairfax State VA Zip Code 22030-7400  
 FEC ID number of contributing federal political committee. **C C00053553**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary     General  
 Other (specify)    Debt Retirement  
 Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 22 / 2014  
**Transaction ID : A-CF1829**  
 Amount of Each Receipt this Period  
 Donation **2000**

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

**7000.00**



**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 33
	<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	

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NAME OF COMMITTEE (In Full)  
**Moolenaar for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ITC Holdings Corp PAC**

Mailing Address 201 Townsend Street  
Suite 900

City Lansing State MI Zip Code 48933-1529

FEC ID number of contributing federal political committee. **C** C00388462

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt Retirement

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014

**Transaction ID : A-CF1830**

Amount of Each Receipt this Period  
 2500

Donation

**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).....

2500.00

17500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33			
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. State Of Michigan- Dept of Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address Dept 77003		Amount of Each Disbursement this Period 313.92 <b>Transaction ID : B-E-1814</b>
City Detroit	State MI	
Zip Code 48277-0001	Purpose of Disbursement Michigan withholding tax	Category/ Type 001
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>B. John D Boothroyd</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 5104 Oakridge Drive		Amount of Each Disbursement this Period 90.49 <b>Transaction ID : B-E-1816</b>
City Midland	State MI	
Zip Code 48640-1974	Purpose of Disbursement Wages	Category/ Type 001
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>c. Sarah Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 1492.97 <b>Transaction ID : B-E-1819</b>
City Hemlock	State MI	
Zip Code 48626-8455	Purpose of Disbursement Wages	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1897.38
<b>TOTAL</b> 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 11 OF 33		
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Adam Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 1003.34 <b>Transaction ID : B-E-1818</b>
City Standish State MI Zip Code 48658-9437	Purpose of Disbursement Wages Candidate Name Category/Type 001	
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>B. Stephen R Walker</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 5806 Woodbridge Lane		Amount of Each Disbursement this Period 105.41 <b>Transaction ID : B-E-1817</b>
City Midland State MI Zip Code 48640-2124	Purpose of Disbursement Wages Candidate Name Category/Type 001	
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>c. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-1854</b>
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit card payment - itemized Candidate Name Category/Type 001	
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:	Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2108.75
<b>TOTAL</b> 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 12 OF 33	
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Troppo</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 111 E Michigan Avenue		Amount of Each Disbursement this Period 680.55
City Lansing	State MI	
Zip Code 48933-1376	Purpose of Disbursement Catering for fundraiser	<b>Transaction ID : B-S-151</b>
Candidate Name	003 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)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/01/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 783.48
City Washington	State DC	
Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	<b>Transaction ID : B-E-1820</b>
Candidate Name	001 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>c. John Moolenaar</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 4410 Linden Drive		Amount of Each Disbursement this Period 106.76
City Midland	State MI	
Zip Code 48640-2614	Purpose of Disbursement Mileage, meals - itemized	<b>Transaction ID : B-E-1836</b>
Candidate Name	002 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)	<b>Original vendors exceeding reporting threshold itemized as memo transactions.</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	890.24
<b>TOTAL</b> 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 13 OF 33			
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Andrews Hooper Pavlik, PLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 3240 <b>Transaction ID : B-E-1531</b>
City Midland State MI Zip Code 48640-6824	Purpose of Disbursement Accounting services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. GSL Solutions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 1411 N West Shore Boulevard Suite 204		Amount of Each Disbursement this Period 1165 <b>Transaction ID : B-E-1804</b>
City Tampa State FL Zip Code 33607-4529	Purpose of Disbursement Website hosting & support, email distribution Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. LCM Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address PO Box 158513		Amount of Each Disbursement this Period 3000 <b>Transaction ID : B-E-1805</b>
City Nashville State TN Zip Code 37215-8513	Purpose of Disbursement Online marketing and management Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7405.00
<b>TOTAL</b> 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 14 OF 33			
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stamas Properties</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address Main Street			Amount of Each Disbursement this Period 400 <b>Transaction ID : B-E-1285</b>
City Midland	State MI	Zip Code 48642	
Purpose of Disbursement Office space rent		Category/ Type 001	
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>B. Stamas Properties</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address Main Street			Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-1380</b>
City Midland	State MI	Zip Code 48642	
Purpose of Disbursement Office space rent		Category/ Type 001	
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>c. Stamas Properties</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address Main Street			Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-1797</b>
City Midland	State MI	Zip Code 48642	
Purpose of Disbursement Rent		Category/ Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<b>TOTAL</b> 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 15 OF 33	
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Victory Phones</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 190 Monroe Avenue NW Suite 5		Amount of Each Disbursement this Period 4759 <b>Transaction ID : B-E-1372</b>
City Grand Rapids	State MI Zip Code 49503-2628	
Purpose of Disbursement Telephone Town Hall	Category/Type 001	
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>B. Victory Phones</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 190 Monroe Avenue NW Suite 5		Amount of Each Disbursement this Period 4759 <b>Transaction ID : B-E-1374</b>
City Grand Rapids	State MI Zip Code 49503-2628	
Purpose of Disbursement Telephone Town Hall	Category/Type 001	
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>c. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 2527.95 <b>Transaction ID : B-E-1631</b>
City Palatine	State IL Zip Code 60094-4014	
Purpose of Disbursement Credit card payment - itemized	Category/Type 001	
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12045.95
<b>TOTAL</b> 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 16 OF 33	
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 75
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Campaign reporting software	
Candidate Name	Category/Type 001	<b>Transaction ID : B-S-181</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/08/14)
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>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 910 Joe Mann Boulevard		Amount of Each Disbursement this Period 583.7
City Midland State MI Zip Code 48642-8903	Purpose of Disbursement Supplies - parade candy	
Candidate Name	Category/Type 001	<b>Transaction ID : B-S-182</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/08/14)
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>c. The Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 1100 Joe Mann Boulevard		Amount of Each Disbursement this Period 767.97
City Midland State MI Zip Code 48642-8910	Purpose of Disbursement Sign posts	
Candidate Name	Category/Type 001	<b>Transaction ID : B-S-184</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/08/14)
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 17 OF 33			
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 39
City Palatine	State IL	Zip Code 60094-4014
Purpose of Disbursement Credit card fee	Category/ Type 001	
Candidate Name	Transaction ID : B-S-187	
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:	[MEMO ITEM] Subitemization of Cardmember Service(12/08/14)	

Full Name (Last, First, Middle Initial) <b>B. The Argus-Press Company</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 201 E Exchange Street		Amount of Each Disbursement this Period 1000
City Owosso	State MI	Zip Code 48867-3009
Purpose of Disbursement Newspaper ads	Category/ Type 004	
Candidate Name	Transaction ID : B-S-188	
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:	[MEMO ITEM] Subitemization of Cardmember Service(12/08/14)	

Full Name (Last, First, Middle Initial) <b>c. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 5909.05
City Palatine	State IL	Zip Code 60094-4014
Purpose of Disbursement Credit card payment - itemized	Category/ Type 001	
Candidate Name	Transaction ID : B-E-1802	
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:	Original vendors exceeding reporting threshold itemized as memo transactions.	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5909.05
<b>TOTAL</b> 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 18 OF 33	
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Argus-Press Company</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address 201 E Exchange Street		Amount of Each Disbursement this Period <b>465</b>
City Owosso State MI Zip Code 48867-3009	Purpose of Disbursement Newspaper ads Candidate Name	Transaction ID : <b>B-S-189</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/08/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. View Newspaper Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address 592 N Port Crescent Street		Amount of Each Disbursement this Period <b>1028</b>
City Bad Axe State MI Zip Code 48413-1209	Purpose of Disbursement Newspaper ads Candidate Name	Transaction ID : <b>B-S-191</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/08/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Ogemaw County Herald</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address PO Box 247		Amount of Each Disbursement this Period <b>600</b>
City West Branch State MI Zip Code 48661-0247	Purpose of Disbursement Newspaper ads Candidate Name	Transaction ID : <b>B-S-192</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/08/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 19 OF 33	
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Horizons Conference Center</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2014</b>
Mailing Address 6200 State Street		Amount of Each Disbursement this Period <b>473.04</b>
City Saginaw	State MI	
Zip Code 48603-3490	Purpose of Disbursement Catering for event	<b>Transaction ID : B-S-193</b>
Candidate Name	Category/ Type <b>003</b>	
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)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/08/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sullivan's Catering Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address 281 Heinlein Strasse		Amount of Each Disbursement this Period <b>2536.24</b>
City Frankenmuth	State MI	
Zip Code 48734-1941	Purpose of Disbursement Catering for event	<b>Transaction ID : B-S-194</b>
Candidate Name	Category/ Type <b>003</b>	
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)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/08/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Merchant APG Media of Ohio</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 08 / 2014</b>
Mailing Address 29088 Airpark Drive		Amount of Each Disbursement this Period <b>271.6</b>
City Easton	State MD	
Zip Code 21601-7000	Purpose of Disbursement Newspaper ads	<b>Transaction ID : B-S-195</b>
Candidate Name	Category/ Type <b>004</b>	
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)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/08/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 20 OF 33	
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 923.2
City Palatine	State IL	Zip Code 60094-4014
Purpose of Disbursement Credit card payment - itemized	Category/ Type 002	
Candidate Name	Transaction ID : B-E-1803	
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 923.2
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name	Transaction ID : B-S-180	
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] Subitemization of Cardmember Service(12/08/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Grassroots Midwest LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address PO Box 12157		Amount of Each Disbursement this Period 3025
City Lansing	State MI	Zip Code 48901-2157
Purpose of Disbursement Fundraising coordination	Category/ Type 003	
Candidate Name	Transaction ID : B-E-1367	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3948.20
<b>TOTAL</b> 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 21 OF 33		
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Grassroots Midwest LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address PO Box 12157		Amount of Each Disbursement this Period 553.25 <b>Transaction ID : B-E-1809</b>
City Lansing	State MI	
Zip Code 48901-2157	Purpose of Disbursement Invitations for event	Category/ Type 004
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>B. Grassroots Midwest LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address PO Box 12157		Amount of Each Disbursement this Period 1801.6 <b>Transaction ID : B-E-1813</b>
City Lansing	State MI	
Zip Code 48901-2157	Purpose of Disbursement Fundraising coordination	Category/ Type 003
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>c. Midland Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 2900 Rodd Street		Amount of Each Disbursement this Period 563.5 <b>Transaction ID : B-E-1837</b>
City Midland	State MI	
Zip Code 48640-4483	Purpose of Disbursement Postage	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2918.35
<b>TOTAL</b> 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 22 OF 33	
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Schaffert Studio</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 3444 N Meridian Road		Amount of Each Disbursement this Period 217.3 <b>Transaction ID : B-E-1839</b>
City Sanford State MI Zip Code 48657-9533	Purpose of Disbursement Photography services 001 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>B. Grassroots Midwest, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address PO Box 12157		Amount of Each Disbursement this Period 285 <b>Transaction ID : B-E-1841</b>
City Lansing State MI Zip Code 48901-2157	Purpose of Disbursement Fundraising coordination 003 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>c. GSL Solutions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 1411 N West Shore Boulevard Suite 204		Amount of Each Disbursement this Period 665 <b>Transaction ID : B-E-1840</b>
City Tampa State FL Zip Code 33607-4529	Purpose of Disbursement Website hosting & support, email distribution 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1167.30
<b>TOTAL</b> 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 23 OF 33	
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Victory Processing LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 190 Monroe Avenue NW Suite 500		Amount of Each Disbursement this Period 1060 <b>Transaction ID : B-E-1375</b>
City Grand Rapids State MI Zip Code 49503-2628	Purpose of Disbursement Data/List for Primary Candidate Name Category/Type 001	
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>B. Sarah Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 1492.96 <b>Transaction ID : B-E-1857</b>
City Hemlock State MI Zip Code 48626-8455	Purpose of Disbursement Wages Candidate Name Category/Type 001	
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>C. Adam Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 1003.33 <b>Transaction ID : B-E-1856</b>
City Standish State MI Zip Code 48658-9437	Purpose of Disbursement Wages Candidate Name Category/Type 001	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3556.29
<b>TOTAL</b> 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 24 OF 33			
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 749.14 <b>Transaction ID : B-E-1858</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes Candidate Name Category/Type 001	
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>B. Sarah Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 634.5 <b>Transaction ID : B-E-1843</b>
City Hemlock State MI Zip Code 48626-8455	Purpose of Disbursement Mileage Candidate Name Category/Type 002	
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>C. John Moolenaar</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 4410 Linden Drive		Amount of Each Disbursement this Period 119.96 <b>Transaction ID : B-E-1844</b>
City Midland State MI Zip Code 48640-2614	Purpose of Disbursement Mileage, cab service - itemized Candidate Name Category/Type 002	
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:	Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1503.60
<b>TOTAL</b> 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 25 OF 33		
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Adam Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 328.5 <b>Transaction ID : B-E-1846</b>
City Standish State MI Zip Code 48658-9437	Purpose of Disbursement Mileage 002 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>B. Adam Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 373.5 <b>Transaction ID : B-E-1847</b>
City Standish State MI Zip Code 48658-9437	Purpose of Disbursement Mileage 002 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>c. Christopher Cox</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 2205 Windsor Road		Amount of Each Disbursement this Period 213.4 <b>Transaction ID : B-I-1871</b>
City Alexandria State VA Zip Code 22307-1019	Purpose of Disbursement Inkind: In-kind - food for event 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	915.40
<b>TOTAL</b> 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 26 OF 33			
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mark Valente III</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 7055 Leestone Street		Amount of Each Disbursement this Period 339.9
City Springfield	State VA	
Zip Code 22151-3520	Purpose of Disbursement Inkind: In-Kind - food for event	<b>Transaction ID : B-I-1872</b>
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>B. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 2542.47
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement Credit card payments - itemized	<b>Transaction ID : B-E-1860</b>
Candidate Name	Category/Type 001	
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 1940.9
City Atlanta	State GA	
Zip Code 30354-1989	Purpose of Disbursement Airfare	<b>Transaction ID : B-S-160</b>
Candidate Name	Category/Type 002	
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)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/31/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2882.37
<b>TOTAL</b> 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 27 OF 33	
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 25
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name		Transaction ID : B-S-163 <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(12/31/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. State Of Michigan- Dept of Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address Dept 77003		Amount of Each Disbursement this Period 261.81
City Detroit State MI Zip Code 48277-0001	Purpose of Disbursement Michigan withholding tax 001 Category/Type	
Candidate Name		Transaction ID : B-E-1831
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Sarah Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 1745.91
City Hemlock State MI Zip Code 48626-8455	Purpose of Disbursement Wages 001 Category/Type	
Candidate Name		Transaction ID : B-E-1849
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2007.72
<b>TOTAL</b> 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 28 OF 33	
	<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)  
**Moolenaar for Congress**

Full Name (Last, First, Middle Initial) <b>A. Adam Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2014</b>
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period <b>1171.64</b>
City Standish State MI Zip Code 48658-9437	Purpose of Disbursement Wages Candidate Name Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B-E-1848</b>

Full Name (Last, First, Middle Initial) <b>B.</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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1171.64</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>51127.24</b>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  
(check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Moolenaar for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mr. Linus Catignani**

Mailing Address PO Box 158513

City State Zip Code  
Nashville TN 37215-8513

Nature of Debt (Purpose):  
Online ads

Outstanding Balance Beginning This Period **Transaction ID : SD10-DEBT1874**

0

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

976.86 0 976.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Stamas Properties**

Mailing Address Main Street

City State Zip Code  
Midland MI 48642

Nature of Debt (Purpose):  
Rent

Outstanding Balance Beginning This Period **Transaction ID : SD10-DEBT1797**

800

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

0 800 0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Andrews Hooper Pavlik, PLC**

Mailing Address 5915 Eastman Avenue  
Suite 100

City State Zip Code  
Midland MI 48640-6824

Nature of Debt (Purpose):  
Accounting services

Outstanding Balance Beginning This Period **Transaction ID : SD10-DEBT1867**

14160

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

3567 3240 14487

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	15463.86
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

NAME OF COMMITTEE (In Full)  
**Moolenaar for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Victory Phones</b>	Nature of Debt (Purpose): Telephone Town Hall
Mailing Address 190 Monroe Avenue NW Suite 5	
City State Zip Code Grand Rapids MI 49503-2628	

Outstanding Balance Beginning This Period 37790.31	<b>Transaction ID : SD10-DEBT1374</b>	
Amount Incurred This Period 0	Payment This Period 9518	Outstanding Balance at Close of This Period 28272.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LCM Strategies</b>	Nature of Debt (Purpose): Online marketing and management
Mailing Address PO Box 158513	
City State Zip Code Nashville TN 37215-8513	

Outstanding Balance Beginning This Period 3000	<b>Transaction ID : SD10-DEBT1868</b>	
Amount Incurred This Period 3000	Payment This Period 3000	Outstanding Balance at Close of This Period 3000

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Grassroots Midwest LLC</b>	Nature of Debt (Purpose): Fundraising coordination
Mailing Address PO Box 12157	
City State Zip Code Lansing MI 48901-2157	

Outstanding Balance Beginning This Period 5379.85	<b>Transaction ID : SD10-DEBT1813</b>	
Amount Incurred This Period 0	Payment This Period 5379.85	Outstanding Balance at Close of This Period 0

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	31272.31
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Moolenaar for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**GSL Solutions, Inc.**

Nature of Debt (Purpose):  
Website hosting & support, email distribution

Mailing Address 1411 N West Shore Boulevard  
Suite 204

City State Zip Code  
Tampa FL 33607-4529

Outstanding Balance Beginning This Period  
1165

Transaction ID : SD10-DEBT1804

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0 1165 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The Catalyst Group**

Nature of Debt (Purpose):  
Fundraising coordination

Mailing Address 600 Pennsylvania Avenue SE  
Suite 330

City State Zip Code  
Washington DC 20003-6300

Outstanding Balance Beginning This Period  
7150

Transaction ID : SD10-DEBT1801

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0 0 7150

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Strategic National LLC**

Nature of Debt (Purpose):  
Political consulting

Mailing Address 190 Monroe Avenue NW  
Suite 500

City State Zip Code  
Grand Rapids MI 49503-2628

Outstanding Balance Beginning This Period  
138011.75

Transaction ID : SD10-DEBT1811

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0 0 138011.75

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

145161.75

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Moolenaar for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Victory Phones Live**

Mailing Address 2900 Wilson Avenue SW  
Suite 101

City State Zip Code  
Grandville MI 49418-1286

Nature of Debt (Purpose):  
Phone calls to voters

Outstanding Balance Beginning This Period **43742.5** Transaction ID : **SD10-DEBT1370**

Amount Incurred This Period **0** Payment This Period **0** Outstanding Balance at Close of This Period **43742.5**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Victory Processing LLC**

Mailing Address 190 Monroe Avenue NW  
Suite 500

City State Zip Code  
Grand Rapids MI 49503-2628

Nature of Debt (Purpose):  
Elections lists

Outstanding Balance Beginning This Period **3374.31** Transaction ID : **SD10-DEBT1810**

Amount Incurred This Period **0** Payment This Period **1060** Outstanding Balance at Close of This Period **2314.31**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Cardmember Service**

Mailing Address PO Box 94014

City State Zip Code  
Palatine IL 60094-4014

Nature of Debt (Purpose):  
Credit card payment - itemized

Outstanding Balance Beginning This Period **10360.2** Transaction ID : **SD10-DEBT1869**

Amount Incurred This Period **830.99** Payment This Period **10360.2** Outstanding Balance at Close of This Period **830.99**

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>46887.80</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Moolenaar for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Warner Norcross & Judd LLP**

Mailing Address 900 Fifth Third Center  
 111 Lyon Street NW

City State Zip Code  
 Grand Rapids MI 49803

Nature of Debt (Purpose):  
 Legal consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10-DEBT1808**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Pulse Red Communications, LLC**

Mailing Address 190 Monroe Avenue NW  
 Suite 5

City State Zip Code  
 Grand Rapids MI 49503-2628

Nature of Debt (Purpose):  
 Digital/Social Media Advertising

Outstanding Balance Beginning This Period **Transaction ID : SD10-DEBT1812**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="22091.75"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="260877.47"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="260877.47"/>