

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

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

MI

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 Gwen Lang

Signature of Treasurer Gwen Lang

[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
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))....	18053.3	23828.3
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18053.3	23828.3
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	51488.44	73681.67
(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)).....	51387.26	73580.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28050.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	260927.47	

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: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

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).....	553.3	803.3
(ii) Unitemized.....	0	25
(iii) TOTAL of contributions from individuals ▶	553.3	828.3
(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))..	18053.3	23828.3
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	101.18	101.18
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	18154.48	23929.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51488.44	73681.67
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	51488.44	73681.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	61384.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18154.48
25. SUBTOTAL (add Line 23 and Line 24).....	79539
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51488.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28050.56

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

Form/Schedule: F3A
Transaction ID :

THIS YEAR END REPORT IS BEING AMENDED TO CORRECT AN IN-KIND CONTRIBUTION REPORTED IN ERROR. THE IN-KIND CONTRIBUTION ON 12/30/14 FROM LORI KUHNS WAS REPORTED IN ERROR AND IS BEING REVERSED. AN UNPAID BILL FOR THIS \$50 ROOM RENTAL HAS BEEN ADDED TO CORRECT THIS.

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 34
	<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)
Moolenaar for Congress

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

Mailing Address 2205 Windsor Road

City Alexandria State VA Zip Code 22307-1019

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

Name of Employer Navigators Global Occupation 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 Springfield State VA Zip Code 22151-3520

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

Name of Employer Valente & Associates Occupation 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 8 OF 34
	<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 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 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 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 9 OF 34
	<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
 2500
 Donation

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
 2500
 Donation

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
 2000
 Donation

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 10 OF 34
	<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 11 OF 34	
	<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) A. State Of Michigan- Dept of Treasury		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 Transaction ID : B-E-1814
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. John D Boothroyd		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 Transaction ID : B-E-1816
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) c. Sarah Brooks		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 Transaction ID : B-E-1819
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:	

SUBTOTAL of Disbursements This Page (optional).....	1897.38
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 12 OF 34		
	<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) A. Adam Kroczaleski		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 Transaction ID : B-E-1818
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Stephen R Walker		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 Transaction ID : B-E-1817
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Cardmember Service		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 Transaction ID : B-E-1854
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....	2108.75
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 13 OF 34	
	<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) A. Troppo		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	Transaction ID : B-S-151
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)	[MEMO ITEM] Subitemization of Cardmember Service(12/01/14)
State: District:		

Full Name (Last, First, Middle Initial) B. United States Treasury		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	Transaction ID : B-E-1820
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) c. John Moolenaar		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	Transaction ID : B-E-1836
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	890.24
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 14 OF 34			
	<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) A. Andrews Hooper Pavlik, PLC			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 Transaction ID : B-E-1531
City Midland	State MI	Zip Code 48640-6824	
Purpose of Disbursement Accounting services		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. GSL Solutions, Inc.			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 Transaction ID : B-E-1804
City Tampa	State FL	Zip Code 33607-4529	
Purpose of Disbursement Website hosting & support, email distribution		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) c. LCM Strategies			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 Transaction ID : B-E-1805
City Nashville	State TN	Zip Code 37215-8513	
Purpose of Disbursement Online marketing and management		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:			

SUBTOTAL of Disbursements This Page (optional).....	7405.00
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 15 OF 34			
	<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) A. Stamas Properties		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 Transaction ID : B-E-1285
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. Stamas Properties		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 Transaction ID : B-E-1380
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) c. Stamas Properties		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 Transaction ID : B-E-1797
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:	

SUBTOTAL of Disbursements This Page (optional).....	800.00
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 16 OF 34			
	<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) A. Victory Phones		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
City Grand Rapids	State MI Zip Code 49503-2628	
Purpose of Disbursement Telephone Town Hall	001	Transaction ID : B-E-1372
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. Victory Phones		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
City Grand Rapids	State MI Zip Code 49503-2628	
Purpose of Disbursement Telephone Town Hall	001	Transaction ID : B-E-1374
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. Cardmember Service		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
City Palatine	State IL Zip Code 60094-4014	
Purpose of Disbursement Credit card payment - itemized	001	Transaction ID : B-E-1631
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12045.95
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 17 OF 34	
	<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) A. Aristotle International, Inc		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	Transaction ID : B-S-181
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)	[MEMO ITEM] Subitemization of Cardmember Service(12/08/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Walmart		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	Transaction ID : B-S-182
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)	[MEMO ITEM] Subitemization of Cardmember Service(12/08/14)
State: District:		

Full Name (Last, First, Middle Initial) c. The Home Depot		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	Transaction ID : B-S-184
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)	[MEMO ITEM] Subitemization of Cardmember Service(12/08/14)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 18 OF 34			
	<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) A. Cardmember Service		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	Transaction ID : B-S-187
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)	[MEMO ITEM] Subitemization of Cardmember Service(12/08/14)
State: District:		

Full Name (Last, First, Middle Initial) B. The Argus-Press Company		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	Transaction ID : B-S-188
Candidate Name	004 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] Subitemization of Cardmember Service(12/08/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Cardmember Service		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	Transaction ID : B-E-1802
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5909.05
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 19 OF 34			
	<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) A. The Argus-Press Company		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 201 E Exchange Street		Amount of Each Disbursement this Period 465
City Owosso State MI Zip Code 48867-3009	Purpose of Disbursement Newspaper ads Candidate Name	Transaction ID : B-S-189 [MEMO ITEM] 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. View Newspaper Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 592 N Port Crescent Street		Amount of Each Disbursement this Period 1028
City Bad Axe State MI Zip Code 48413-1209	Purpose of Disbursement Newspaper ads Candidate Name	Transaction ID : B-S-191 [MEMO ITEM] 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) c. Ogemaw County Herald		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 247		Amount of Each Disbursement this Period 600
City West Branch State MI Zip Code 48661-0247	Purpose of Disbursement Newspaper ads Candidate Name	Transaction ID : B-S-192 [MEMO ITEM] 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)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 20 OF 34			
	<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) A. Horizons Conference Center		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 6200 State Street		Amount of Each Disbursement this Period 473.04
City Saginaw	State MI	
Zip Code 48603-3490	Purpose of Disbursement Catering for event	Transaction ID : B-S-193
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)	[MEMO ITEM] Subitemization of Cardmember Service(12/08/14)
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 21 OF 34	
	<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) A. Cardmember Service		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	Transaction ID : B-E-1803
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines		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	Transaction ID : B-S-180
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)	[MEMO ITEM] Subitemization of Cardmember Service(12/08/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Grassroots Midwest LLC		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	Transaction ID : B-E-1367
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3948.20
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 22 OF 34	
	<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) A. Grassroots Midwest LLC		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 Transaction ID : B-E-1809
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. Grassroots Midwest LLC		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 Transaction ID : B-E-1813
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) c. Midland Postmaster		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 Transaction ID : B-E-1837
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:	

SUBTOTAL of Disbursements This Page (optional).....	2918.35
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 23 OF 34	
	<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) A. Schaffert Studio		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 Transaction ID : B-E-1839
City Sanford State MI Zip Code 48657-9533	Purpose of Disbursement Photography 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. Grassroots Midwest, INC.		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 Transaction ID : B-E-1841
City Lansing State MI Zip Code 48901-2157	Purpose of Disbursement Fundraising coordination Candidate Name Category/Type 003	
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) c. GSL Solutions, Inc.		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 Transaction ID : B-E-1840
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)	

SUBTOTAL of Disbursements This Page (optional).....	1167.30
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 24 OF 34	
	<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) A. Victory Processing LLC		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 Transaction ID : B-E-1375
City Grand Rapids	State MI Zip Code 49503-2628	
Purpose of Disbursement Data/List for Primary	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. Sarah Brooks		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 Transaction ID : B-E-1857
City Hemlock	State MI Zip Code 48626-8455	
Purpose of Disbursement Wages	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) c. Adam Kroczaleski		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 Transaction ID : B-E-1856
City Standish	State MI Zip Code 48658-9437	
Purpose of Disbursement Wages	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:		

SUBTOTAL of Disbursements This Page (optional).....	3556.29
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 25 OF 34			
	<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) A. United States Treasury		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 Transaction ID : B-E-1858
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes Candidate Name 001 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. Sarah Brooks		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 Transaction ID : B-E-1843
City Hemlock State MI Zip Code 48626-8455	Purpose of Disbursement Mileage Candidate Name 002 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) C. John Moolenaar		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 Transaction ID : B-E-1844
City Midland State MI Zip Code 48640-2614	Purpose of Disbursement Mileage, cab service - itemized Candidate Name 002 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)	Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....	1503.60
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 26 OF 34			
	<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) A. Adam Kroczaleski		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 Transaction ID : B-E-1846
City Standish State MI Zip Code 48658-9437	Purpose of Disbursement Mileage Candidate Name Category/Type 002	
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. Adam Kroczaleski		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 Transaction ID : B-E-1847
City Standish State MI Zip Code 48658-9437	Purpose of Disbursement Mileage Candidate Name Category/Type 002	
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) c. Christopher Cox		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 Transaction ID : B-I-1871
City Alexandria State VA Zip Code 22307-1019	Purpose of Disbursement Inkind: In-kind - food for event 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)	

SUBTOTAL of Disbursements This Page (optional).....	915.40
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 27 OF 34	
	<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) A. Mark Valente III		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 Transaction ID : B-I-1872
City Springfield State VA Zip Code 22151-3520	Purpose of Disbursement Inkind: In-Kind - food for event	
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. Cardmember Service		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 Transaction ID : B-E-1860
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit card payments - 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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) c. Delta Airlines		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 Transaction ID : B-S-160
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement Airfare	
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)	[MEMO ITEM] Subitemization of Cardmember Service(12/31/14)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2882.37
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 28 OF 34			
	<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) A. Delta Airlines			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	Transaction ID : B-S-163
Purpose of Disbursement Airfare		002 Category/ Type	
Candidate Name			[MEMO ITEM] Subitemization of Cardmember Service(12/31/14)
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. State Of Michigan- Dept of Treasury			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	Transaction ID : B-E-1831
Purpose of Disbursement Michigan withholding tax		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) c. Sarah Brooks			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	Transaction ID : B-E-1849
Purpose of Disbursement Wages		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:		

SUBTOTAL of Disbursements This Page (optional).....	2007.72
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 29 OF 34	
	<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) A. Adam Kroczaleski		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 1171.64
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-1848

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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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 Mr. Linus Catignani	Nature of Debt (Purpose): Online ads
Mailing Address PO Box 158513	
City State Zip Code Nashville TN 37215-8513	

Outstanding Balance Beginning This Period 0	Transaction ID : SD10-DEBT1874	
Amount Incurred This Period 976.86	Payment This Period 0	Outstanding Balance at Close of This Period 976.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stamas Properties	Nature of Debt (Purpose): Rent
Mailing Address Main Street	
City State Zip Code Midland MI 48642	

Outstanding Balance Beginning This Period 800	Transaction ID : SD10-DEBT1797	
Amount Incurred This Period 0	Payment This Period 800	Outstanding Balance at Close of This Period 0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Andrews Hooper Pavlik, PLC	Nature of Debt (Purpose): Accounting services
Mailing Address 5915 Eastman Avenue Suite 100	
City State Zip Code Midland MI 48640-6824	

Outstanding Balance Beginning This Period 14160	Transaction ID : SD10-DEBT1867	
Amount Incurred This Period 3567	Payment This Period 3240	Outstanding Balance at Close of This Period 14487

1) SUBTOTALS This Period This Page (optional)	15463.86
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) ▶	

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

Mailing Address 190 Monroe Avenue NW
Suite 5

City State Zip Code
Grand Rapids MI 49503-2628

Nature of Debt (Purpose):
Telephone Town Hall

Outstanding Balance Beginning This Period **Transaction ID : SD10-DEBT1374**
37790.31

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0 9518 28272.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LCM Strategies

Mailing Address PO Box 158513

City State Zip Code
Nashville TN 37215-8513

Nature of Debt (Purpose):
Online marketing and management

Outstanding Balance Beginning This Period **Transaction ID : SD10-DEBT1868**
3000

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
3000 3000 3000

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

Mailing Address PO Box 12157

City State Zip Code
Lansing MI 48901-2157

Nature of Debt (Purpose):
Fundraising coordination

Outstanding Balance Beginning This Period **Transaction ID : SD10-DEBT1813**
5379.85

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0 5379.85 0

1) SUBTOTALS This Period This Page (optional)	31272.31
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) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 <input type="text" value="1165"/>	Transaction ID : SD10-DEBT1804	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="1165"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="7150"/>	Transaction ID : SD10-DEBT1801	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="138011.75"/>	Transaction ID : SD10-DEBT1811	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="138011.75"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="145161.75"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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	Nature of Debt (Purpose): Phone calls to voters
Mailing Address 2900 Wilson Avenue SW Suite 101	
City State Zip Code Grandville MI 49418-1286	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="43742.5"/>	Transaction ID : SD10-DEBT1370
Amount Incurred This Period <input style="width:100%;" type="text" value="0"/>	Payment This Period <input style="width:100%;" type="text" value="0"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="43742.5"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Victory Processing LLC	Nature of Debt (Purpose): Elections lists
Mailing Address 190 Monroe Avenue NW Suite 500	
City State Zip Code Grand Rapids MI 49503-2628	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="3374.31"/>	Transaction ID : SD10-DEBT1810
Amount Incurred This Period <input style="width:100%;" type="text" value="0"/>	Payment This Period <input style="width:100%;" type="text" value="1060"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2314.31"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cardmember Service	Nature of Debt (Purpose): Credit card payment - itemized
Mailing Address PO Box 94014	
City State Zip Code Palatine IL 60094-4014	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="10360.2"/>	Transaction ID : SD10-DEBT1869
Amount Incurred This Period <input style="width:100%;" type="text" value="830.99"/>	Payment This Period <input style="width:100%;" type="text" value="10360.2"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="830.99"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="46887.80"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>

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 **15143.5** Transaction ID : SD10-DEBT1808

Amount Incurred This Period **0** Payment This Period **0** Outstanding Balance at Close of This Period **15143.5**

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 **6948.25** Transaction ID : SD10-DEBT1812

Amount Incurred This Period **0** Payment This Period **0** Outstanding Balance at Close of This Period **6948.25**

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

Mailing Address 901 7th Street NW
Suite 200

City State Zip Code
Washington DC 20001-3883

Nature of Debt (Purpose):
Room rental for event

Outstanding Balance Beginning This Period **0** Transaction ID : SD10-DEBT1893

Amount Incurred This Period **50** Payment This Period **0** Outstanding Balance at Close of This Period **50**

1) SUBTOTALS This Period This Page (optional)	22141.75
2) TOTALS This Period (last page this line number only)	260927.47
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) ▶	260927.47