FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Moolenaar for Congress 5915 Eastman Avenue ADDRESS (number and street) Suite 100 (Check if address is changed) Midland 48640-6824 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kim.holzhauer@ahpplc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) johnmoolenaarforcongress.com (Check if address is changed) DATE 05 2021 C00561530 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Bos, Kellie, M, Mrs., Type or Print Name of Treasurer Bos, Kellie, M, Mrs., [Electronically Filed] 07 05 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
		Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Nam Can	ne of didate	Moolenaar, John, R., Mr.,	
	didate y Affiliati	on Office Sought: House Senate President	State MI District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Func	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		
Moolenaar for C	Congress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hip PAC Sponsor
Bergman Moolenaar L	eadership Committee	
	5915 Eastman Ave	
Mailing Address	Ste 100	
	Mil 48640-68	24
	CITY STATE	ZIP CODE
	CITY	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Lea	dership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in pos	session of committee
	, Kim, D., Mrs.,	
Full Name	,3803 Collingwood Street	
Mailing Address		
	Midland , MI , 48642-67	719
	Williamu 18012 87	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		835 7721
. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
Full Name Bos, Kellie of Treasurer	, M, Mrs.,	
Mailing Address	5915 Eastman Avenue	
	Suite 100	
	Midland	524
Title or Position	CITY STATE	ZIP CODE
Treasurer		835 7721

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit boxes of Name of Bank, Deposit		
Name of Bank, Deposi	r maintains funds. itory, etc. ibella Bank PO Box 100	4-0100
Name of Bank, Deposi	r maintains funds. itory, etc. ibella Bank PO Box 100	4-0100 ZIP CODE
Name of Bank, Deposi	maintains funds. itory, etc. Abella Bank PO Box 100 Mount Pleasant CITY STATE	
Name of Bank, Deposi Mailing Address Name of Bank, Deposi	maintains funds. itory, etc. Abella Bank PO Box 100 Mount Pleasant CITY STATE	ZIP CODE