



**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))....	56805.42	572225.90
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	56805.42	572225.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	66980.28	444625.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	101.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66980.28	444524.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	214614.35	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	198735.08	

**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).....	28550.00	201690.14
(ii) Unitemized.....	3980.00	20125.34
(iii) TOTAL of contributions from individuals ▶	32530.00	221815.48
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	24275.42	349410.42
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	56805.42	572225.90
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	18697.27
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	101.18
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	77.54	135.08
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	56882.96	591159.43

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66980.28	444625.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	2000.00	9600.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	68980.28	454225.93

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	226711.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	56882.96
25. SUBTOTAL (add Line 23 and Line 24).....	283594.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68980.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	214614.35

**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 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jon B. Cotton**

Mailing Address 170 Provencal Road

City State Zip Code  
Grosse Pointe Farm MI 48236-2908

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

Name of Employer Occupation  
Meridian Health Plan, Inc. President & COO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : A6EDEE2542B4B4DB9B79**

Amount of Each Receipt this Period  
 1250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Ralph A. Brozzo**

Mailing Address PO Box 475

City State Zip Code  
Midland MI 48640-0475

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

Name of Employer Occupation  
Benjamin F. Edwards & Co. Financial Advisor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : A811D15B5B74F4AAFBAB**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Dennis G. Cowan**

Mailing Address 2716 Trafford Road

City State Zip Code  
Royal Oak MI 48073-4418

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

Name of Employer Occupation  
Plunkett Cooney President & CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : A78279CA1F13E41F9BB6**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

2000.00

**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 6 OF 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Amy J. Crumbaugh**

Mailing Address 9755 E Polk Road

City Wheeler State MI Zip Code 48662-9503

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

Name of Employer Owner Occupation AJC Consulting, Inc.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : A9AEB907196A344FE9AA**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. and Mr Richard Doornbos**

Mailing Address 2578 North Tamarack Drive

City Midland State MI Zip Code 48642-7888

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : AD2AE346CF821433BB30**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Pargat S. Grewal**

Mailing Address 6275 Nicholas Drive

City West Bloomfield State MI Zip Code 48322-5005

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

Name of Employer Singh Group LLC Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : AA6C9BBD8A92A42C2B05**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Masoud Mammo**

Mailing Address 35501 Ford Road

City State Zip Code  
Westland MI 48185-3113

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

Name of Employer Occupation  
Wild Bill's Tobacco Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : A6A166AF8E65A4A1DA53**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Millard M. Kent**

Mailing Address 5207 Campau Drive

City State Zip Code  
Midland MI 48640-2553

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : A619EA17F5B4A45DCA51**

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Kevin Denha**

Mailing Address 40700 Woodward Avenue  
Suite 250

City State Zip Code  
Bloomfield Hills MI 48304-5111

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

Name of Employer Occupation  
Wireless Vision LLC Chief Real Estate Officer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : A18CE043C0C904842AB4**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

1650.00

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

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

FOR LINE NUMBER: PAGE 8 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Kevin A. Elliott**

Mailing Address 2973 Hillcrest Drive

City State Zip Code  
West Branch MI 48661-9377

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

Name of Employer Occupation  
Diebold Insurance Agency Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : A6A57F63358FF4668B03**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Nashwan Yacoub Zaitouna**

Mailing Address 5320 Franklin Road

City State Zip Code  
Bloomfield Hills MI 48302-2626

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

Name of Employer Occupation  
Churchill's Cigar Shop W. Bloomfield I President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : A35DF28A4B73A4232BAA**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Martin F. Manna**

Mailing Address 4276 Derry Road

City State Zip Code  
Bloomfield Hills MI 48302-1832

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

Name of Employer Occupation  
Chaldean Chamber of Commerce President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : A371536003C4643EF962**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2250.00



**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 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mazin Samona**

Mailing Address 1238 Anderson Road

City State Zip Code  
Clawson MI 48017-1002

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

Name of Employer Occupation  
Wild Bills Tobacco Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : A1172E69160A042C2B68**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Anthony J. D'Anna**

Mailing Address 3 Harlan Court

City State Zip Code  
Frankenmuth MI 48734-1422

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

Name of Employer Occupation  
AGD Managment Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : AFA3D724373244910AED**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Sheri A. Thompson**

Mailing Address 20470 Crestview Drive

City State Zip Code  
Reed City MI 49677-9136

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : A651F7BFF28174C9A870**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

2500.00

**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 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Najah D. Konja**

Mailing Address 6811 Berry Pointe Drive

City Clarkston State MI Zip Code 48348-4575

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

Name of Employer Wild Bills Tobacco Occupation Regional Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : A8ECF6F20239C479EA25**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard J. Garber, Jr.**

Mailing Address 999 S Washington Avenue Suite 1

City Saginaw State MI Zip Code 48601-2573

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

Name of Employer Garber Management Group Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016

**Transaction ID : A9465639D075744B0997**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffrey D. Plott**

Mailing Address PO Box 37

City Alma State MI Zip Code 48801-0037

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

Name of Employer Great Lakes Petroleum Marketing Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : AB72F6177E4AF4A36AE9**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 11 OF 77  
(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)  
**Michelle Dimarob**

Mailing Address 101 Constitution Avenue NW  
Suite 400W

City Washington State DC Zip Code 20001-2155

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

Name of Employer Altria Occupation Director of Federal Govt Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : A3084403A44C14C829B3**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Gary Elza**

Mailing Address 2020 N Pinesboro Drive

City Sanford State MI Zip Code 48657-9279

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

Name of Employer G.E. Insulation Company Occupation Owner/President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : A7ECA8AD7915142078A3**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James R Goodrich**

Mailing Address 114 E Broadway Street

City Mt Pleasant State MI Zip Code 48858-2574

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

Name of Employer Northwestern Mutual Occupation Financial Services

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : AB98C87B237084ECB8F4**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 12 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Roselyn Argyle**

Mailing Address 3140 South Brennan Road

City Hemlock State MI Zip Code 48626-8750

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

Name of Employer A&D Home Health Care Occupation CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : ACB558AFAB97542FC9A8**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Anthony Cimmarrusti**

Mailing Address 21 Kercheval Avenue Suite 265

City Grosse Pointe Farm State MI Zip Code 48236-3638

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

Name of Employer Majestic Capital Management LLC Occupation CEO / CIO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2016

**Transaction ID : A4A1D14DE82AD410D9A0**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Gary Elza**

Mailing Address 2020 N Pinesboro Drive

City Sanford State MI Zip Code 48657-9279

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

Name of Employer G.E. Insulation Company Occupation Owner/President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : A115B64C17035456BA0A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 950.00

Memo Item

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

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

\_\_\_\_\_ 2200.00

\_\_\_\_\_

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 77

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael D. Young Sr.**

Mailing Address 6630 Maple Road

City State Zip Code  
 Frankenmuth MI 48734-9587

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

Name of Employer Occupation  
 Mike Young Buick GMC Auto Dealer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 23 2016

**Transaction ID : A18C4905D423245E3AE1**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James J. Shiners**

Mailing Address PO Box 6545

City State Zip Code  
 Saginaw MI 48608-6545

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

Name of Employer Occupation  
 Shiners & Cook PC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 14 2016

**Transaction ID : A672DFD84F5514A97ADE**

Amount of Each Receipt this Period  
 200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Sanford Pensler**

Mailing Address 15420 Windmill Pointe Drive

City State Zip Code  
 Grosse Pointe Park MI 48230-1746

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

Name of Employer Occupation  
 Pensler Capital Corporation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 24 2016

**Transaction ID : A5B0D315668A84F20AF3**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

1700.00

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

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

FOR LINE NUMBER: PAGE 14 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Joel N. Agree**

Mailing Address 553 West Frank Street

City Birmingham State MI Zip Code 48009-1415

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

Name of Employer Agree Realty Corporation Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : A71EFF92B827D4B3E81D**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Garrett F. Geer**

Mailing Address 240 W Maple Ridge Road

City Twining State MI Zip Code 48766-9784

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

Name of Employer AKT Peerless Occupation VP Govt & Business Development

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016

**Transaction ID : ADC63D9A721774365A20**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mark Davidoff**

Mailing Address 2447 Keylon Drive

City West Bloomfield State MI Zip Code 48324-1335

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

Name of Employer Deloitte LLP Occupation CPA

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2016

**Transaction ID : AFB7823197A9B42D0A5B**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 15 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Tyler O. Thompson**

Mailing Address 20470 Crestview Drive

City State Zip Code  
Reed City MI 49677-8058

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

Name of Employer Occupation  
Osceola County Prosecuting Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : A933C60DBA3E24AF4B98**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Sean P. Cotton**

Mailing Address 33 Hendrie Lane

City State Zip Code  
Grosse Pointe Farm MI 48236-3735

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

Name of Employer Occupation  
Meridian Technologies President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : A22E42BF136CA471A8F0**

Amount of Each Receipt this Period  
1250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles Tabb**

Mailing Address 3300 East McKinley Road

City State Zip Code  
Midland MI 48640-8572

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : A44B94ECEE7844AA4A27**

Amount of Each Receipt this Period  
300.00

Memo Item

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

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

1800.00

**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 16 OF 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. David B. Cotton**

Mailing Address 15324 Windmill Pointe Drive

City State Zip Code  
Grosse Pointe Park MI 48230-1744

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

Name of Employer Occupation  
Meridian Health Plan, Inc. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016

**Transaction ID : A22F540B40E2144C38A7**

Amount of Each Receipt this Period  
1250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Stuart M. Sandler**

Mailing Address 2420 Mulberry Court

City State Zip Code  
Ann Arbor MI 48104-6390

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

Name of Employer Occupation  
Grand River Strategies LLC President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 24 / 2016

**Transaction ID : A0B98435FF64F4D6BB79**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jae A. Evans**

Mailing Address 1030 Clubhouse Drive

City State Zip Code  
Lake Isabella MI 48893-9339

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

Name of Employer Occupation  
Isabella Bank Corp Banking

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016

**Transaction ID : AA2612F9A88284F379BB**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1750.00



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

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

FOR LINE NUMBER: PAGE 17 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Robert F. Barash**

Mailing Address 4826 Venetian Drive

City State Zip Code  
Sterling Heights MI 48310-6667

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

Name of Employer Occupation  
Interstate Auto Body LLC Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016

**Transaction ID : AA4849C09D8054F00BCF**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Behrends B. Foster**

Mailing Address 1722 N Nelson Street

City State Zip Code  
Arlington VA 22207-3643

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

Name of Employer Occupation  
Bluestone Strategies LLC Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : AD3C3A7E79BC1453FB06**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Sarah Rowley Opperman**

Mailing Address 3001 Scarborough Lane

City State Zip Code  
Midland MI 48640-6908

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

Name of Employer Occupation  
Self-Employed Public Affairs

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : A8B3D36DBAC924DA0A7D**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 18 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David B. Lehman**

Mailing Address 5115 Quantico Lane North

City Plymouth State MN Zip Code 55446-2210

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

Name of Employer Fairview Health Services Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : A7D9B60550AD94DA49EB**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Daniel L. Stern**

Mailing Address 38500 Woodward Avenue Suite 200

City Bloomfield Hills State MI Zip Code 48304-5049

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

Name of Employer Lormax Stern Development Company LLC Occupation Partner & Business Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2016

**Transaction ID : A9F569815A3AA42E8BD4**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Tod Winkle**

Mailing Address 6769 West Falmouth Road

City Mc Bain State MI Zip Code 49657-9751

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

Name of Employer Don's Auto Clinic Chrysler Dodge Jeep Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : AF13CDAEB4DAA442F8E5**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

1750.00

**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 19 OF 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Paul F. Welday**

Mailing Address 26725 Holly Hill

City Farmington	State MI	Zip Code 48334-4759
--------------------	-------------	------------------------

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

Name of Employer Superior Capitol Consulting	Occupation Partner
---	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : A04ED26DEF8094CC4B94**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Kevin L. Kennett**

Mailing Address 4813 Washington Street

City Midland	State MI	Zip Code 48642-3034
-----------------	-------------	------------------------

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

Name of Employer Case Systems	Occupation Finance
----------------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : A9CA2FCE7B65246438A1**

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Andrea K. Bancroft**

Mailing Address 5844 West Lowe Road

City Saint Johns	State MI	Zip Code 48879-9789
---------------------	-------------	------------------------

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

Name of Employer None	Occupation Homemaker
--------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : A1BE86F8DF34A48F7A11**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

1400.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 77  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Lyle G. Ackerman**

Mailing Address 768 Wren Road

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer Occupation  
Ackerman Marketing, Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : AE311DA6B1DBB4402B13**

Amount of Each Receipt this Period  
300.00

Memo Item

**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

Memo Item

**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

Memo Item

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

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

300.00

28550.00

**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 21 OF 77
	<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)  
**Precision Machined Products Assn PAC**

Mailing Address 6700 W Snowville Road

City Brecksville State OH Zip Code 44141-3285

FEC ID number of contributing federal political committee. **C C00110858**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : A377A65235DFA4CCF889**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Action Committee For Rural Electrification (ACRE)**

Mailing Address 4301 Wilson Blvd

City Arlington State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : A3C7FADF5DF394102912**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CMR Political Action Committee**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A8DF52245634F46C4890**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

7500.00

**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 22 OF 77
	<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 Employees PAC**

Mailing Address 13450 Sunrise Valley Dr  
Ste 220

City Herndon State VA Zip Code 20191-3276

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

**Transaction ID : AE112F0E2D82F477D86C**

Amount of Each Receipt this Period  
1500.00

Memo Item  
2014 Primary Debt Retirement

**B.** Full Name (Last, First, Middle Initial)  
**CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)**

Mailing Address 20 S Wacker Drive

City Chicago State IL Zip Code 60606-7431

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2016

**Transaction ID : A51409556EE684398B2F**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**National Milk Producers Federation Pac (NMPF PAC)**

Mailing Address 2101 Wilson Blvd  
Ste 400

City Arlington State VA Zip Code 22201-3062

FEC ID number of contributing federal political committee. **C C00325324**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2016

**Transaction ID : A3262691532B6482DA42**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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 23 OF 77
	<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. Ben Glardon For State Representative**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1746

City Owosso	State MI	Zip Code 48867-6746
----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : A0E246FFF251248FCA5B**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. Independent Insurance Agents & Brokers of America PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 F St NW  
 Ste 610

City Washington	State DC	Zip Code 20001-6707
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : AE3D77051C45B405CBA2**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. Cathy McMorris Rodgers For Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 137

City Spokane	State WA	Zip Code 99210-0137
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00390476

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 175.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : A122F3D5200EB4297863**

Amount of Each Receipt this Period  
 175.42

Memo Item  
 In-kind: Fundraising consultant fees

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

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

1275.42

**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 24 OF 77
	<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: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : A1D340E557DF5420492F**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Adrian Smith For Congress**

Mailing Address 3321 Avenue I Suite 6

City Scottsbluff State NE Zip Code 69361-4587

FEC ID number of contributing federal political committee. **C** C00412890

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : A361B7D9CBFFE460FB06**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**General Motors Corp. PAC (GM PAC)**

Mailing Address 25 Massachusetts Ave NW  
Ste 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: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : AC5E22ED8E60A4D0C8F7**

Amount of Each Receipt this Period  
4000.00

Memo Item

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

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

6500.00



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

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

FOR LINE NUMBER: PAGE 25 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**General Electric Company PAC**

Mailing Address 1299 Pennsylvania Ave NW  
Ste 1100

City Washington State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2016**

**Transaction ID : A46DDA7D2135B4C3CBD1**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CMS Energy Employees for Better Government**

Mailing Address 1 Energy Plaza Dr

City Jackson State MI Zip Code 49201-2357

FEC ID number of contributing federal political committee. **C C00075473**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6100.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : A23109435278E487FBDD**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address 2600 S Euclid Ave

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)

Election Cycle-to-Date  
**7250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 06 / 2016**

**Transaction ID : A493140BC65D1469D91E**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
2014 Primary Debt Retirement

**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 26 OF 77
	<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)  
**CULAC The PAC of Credit Union National Assn**

Mailing Address 601 Pennsylvania Ave NW  
South Building, Suite #600

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2016

**Transaction ID : AB8A505A5D0504E6CB1E**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Donation - 2016 General

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

1000.00

24275.42

**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 77	
	<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. Cathy McMorris Rodgers For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>
Mailing Address <b>PO Box 137</b>		Amount of Each Disbursement this Period <b>175.42</b>
City <b>Spokane</b> State <b>WA</b> Zip Code <b>99210-0137</b>	Purpose of Disbursement In-kind: Fundraising consultant fees	
Candidate Name <b>Cathy McMorris Rodgers For Congress</b>		<input type="checkbox"/> Memo Item
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>Transaction ID : B122F3D5200EB4297863</b>
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 01 / 2016</b>
Mailing Address <b>2145 Hamilton Avenue</b>		Amount of Each Disbursement this Period <b>30.00</b>
City <b>San Jose</b> State <b>CA</b> Zip Code <b>95125-5905</b>	Purpose of Disbursement Credit card processing fees	
Candidate Name		<input type="checkbox"/> Memo Item
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>Transaction ID : BEC18F09BF2EF49BBAF9</b>
State: _____ District: _____	Category/Type <b>001</b>	

Full Name (Last, First, Middle Initial) <b>c. Doherty Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 08 / 2016</b>
Mailing Address <b>604 N McEwan Street</b>		Amount of Each Disbursement this Period <b>1075.39</b>
City <b>Clare</b> State <b>MI</b> Zip Code <b>48617-1404</b>	Purpose of Disbursement Meals and lodging	
Candidate Name		<input type="checkbox"/> Memo Item
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>Transaction ID : B4E368B33A3F24862A8C</b>
State: _____ District: _____	Category/Type <b>002</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1280.81</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 28 OF 77			
	<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. Mr. Adam J. Kroczaleski</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016		
Mailing Address 5082 Lincoln Road			Amount of Each Disbursement this Period 454.67		
City Standish	State MI	Zip Code 48658-9437	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Wages		Category/Type 001	<b>Transaction ID : B15B96261AE7745618EE</b>		
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. United States Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016		
Mailing Address 1500 Pennsylvania Avenue NW			Amount of Each Disbursement this Period 76.50		
City Washington	State DC	Zip Code 20220-0001	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Payroll taxes		Category/Type 001	<b>Transaction ID : B9ED238BB21744589910</b>		
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. Mrs. Sarah Brooks</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016		
Mailing Address 210 Maple View Court			Amount of Each Disbursement this Period 481.50		
City Hemlock	State MI	Zip Code 48626-8455	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Mileage		Category/Type 002	<b>Transaction ID : BF1A8A8BDF669404EB4B</b>		
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).....	1012.67
<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 29 OF 77			
	<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 - UIA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address PO Box 33598		Amount of Each Disbursement this Period 57.80
City Detroit	State MI	
Zip Code 48232-5598	Purpose of Disbursement Unemployment insurance	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : <b>B656A8806C76B4FE9BF2</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. John Moolenaar</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 4410 Linden Drive		Amount of Each Disbursement this Period 48.15
City Midland	State MI	
Zip Code 48640-2614	Purpose of Disbursement Mileage	<input type="checkbox"/> Memo Item
Candidate Name <b>Mr. John Moolenaar</b>	Category/ Type 002	Transaction ID : <b>B6C04F82D33AA4EFBAF1</b>
Office Sought: <input checked="" 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: MI District: 04		

Full Name (Last, First, Middle Initial) <b>C. Mr. Ryan Tarrant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 2116 7th Street		Amount of Each Disbursement this Period 126.45
City Bay City	State MI	
Zip Code 48708-6805	Purpose of Disbursement Mileage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	Transaction ID : <b>B3D1D743294154620B3A</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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	232.40
<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 30 OF 77			
	<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. Ms. Ashton Bortz</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 4118 Perrine Pointe		Amount of Each Disbursement this Period 333.00
City Midland	State MI	
Zip Code 48640-2392	Purpose of Disbursement Mileage	<input type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	<b>Transaction ID : B141246D6E553467D828</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 145.86
City Albany	State NY	
Zip Code 12212-5062	Purpose of Disbursement Cell phones	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	<b>Transaction ID : B7A4FA7B1330241E8A02</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 2.78
City San Jose	State CA	
Zip Code 95125-5905	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	<b>Transaction ID : BA9854F2FA7AF468CB69</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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	481.64
<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 31 OF 77			
	<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. A &amp; A Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address PO Box 55		Amount of Each Disbursement this Period 50.00
City Midland	State MI	Zip Code 48640-0055
Purpose of Disbursement Storage unit rental	Category/ Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
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>Transaction ID : B0B710F161FDF41A2864</b>	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 373.46
City Albany	State NY	Zip Code 12212-5062
Purpose of Disbursement Cell phones	Category/ Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
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>Transaction ID : B8F0507F3E37A4C418C1</b>	

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 36.00
City Washington	State DC	Zip Code 20220-0001
Purpose of Disbursement Federal unemployment tax	Category/ Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
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>Transaction ID : BC1F01F2D36164354B8B</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	459.46
<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 32 OF 77	
	<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. QRP, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 94 Ashman Circle		Amount of Each Disbursement this Period 993.39
City Midland	State MI	
Zip Code 48640-4627	Purpose of Disbursement Printing - petitions	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : <b>BF14314DD4C864A02AEF</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. A &amp; A Storage</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address PO Box 55		Amount of Each Disbursement this Period 50.00
City Midland	State MI	
Zip Code 48640-0055	Purpose of Disbursement Storage unit rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : <b>B156A97D8F9DD422F83F</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PayPal</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 30.00
City San Jose	State CA	
Zip Code 95125-5905	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : <b>BC8F82676622F494BB48</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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1073.39
<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 33 OF 77			
	<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. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 148.07
City Albany	State NY Zip Code 12212-5062	
Purpose of Disbursement Cell phones	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : <b>BA4391EAB9592492596F</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Adam J. Kroczaleski</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 495.00
City Standish	State MI Zip Code 48658-9437	
Purpose of Disbursement Mileage	Category/Type 002	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : <b>B4768EEA395DE4279A0B</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Adam J. Kroczaleski</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 454.67
City Standish	State MI Zip Code 48658-9437	
Purpose of Disbursement Wages	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : <b>B1F113D3A32224E30AA0</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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1097.74
<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 34 OF 77	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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 MM / DD / YYYY 02 / 16 / 2016
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 76.50
City Washington	State DC	
Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B78ECD9B1191F4AB981F
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. Mr. John Moolenaar</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 4410 Linden Drive		Amount of Each Disbursement this Period 23.27
City Midland	State MI	
Zip Code 48640-2614	Purpose of Disbursement Supplies for staff dinner	<input type="checkbox"/> Memo Item
Candidate Name <b>Mr. John Moolenaar</b>	Category/Type 001	Transaction ID : B4EB700B96DEA441C889
Office Sought: <input checked="" 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: MI	District: 04	

Full Name (Last, First, Middle Initial) <b>c. PayPal</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 94.50
City San Jose	State CA	
Zip Code 95125-5905	Purpose of Disbursement Credit card processing fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BCCBE36AEBF674599AA1
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) .....	194.27
<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 35 OF 77	
	<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. Mrs. Sarah Brooks</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 846.00
City Hemlock	State MI Zip Code 48626-8455	
Purpose of Disbursement Mileage	Category/Type 002	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : BFE69869E616947B5881</b>
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. Ms. Ashton Bortz</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 4118 Perrine Pointe		Amount of Each Disbursement this Period 72.00
City Midland	State MI Zip Code 48640-2392	
Purpose of Disbursement Mileage	Category/Type 002	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B9D55D54B8808427A9C4</b>
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. PayPal</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 30.00
City San Jose	State CA Zip Code 95125-5905	
Purpose of Disbursement Credit card processing fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : BA8165CA4A6094C9EAAE</b>
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).....	948.00
<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 36 OF 77	
	<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. A &amp; A Storage</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address PO Box 55		Amount of Each Disbursement this Period 50.00
City Midland	State MI	
Zip Code 48640-0055	Purpose of Disbursement Storage unit rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : B63C36D2C435748D8B8B
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. Mrs. Sarah Brooks</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 733.50
City Hemlock	State MI	
Zip Code 48626-8455	Purpose of Disbursement Mileage	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	Transaction ID : B90AB0D9AE0B841188E0
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. QRP, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2016
Mailing Address 94 Ashman Circle		Amount of Each Disbursement this Period 1658.80
City Midland	State MI	
Zip Code 48640-4627	Purpose of Disbursement Printing - petitions	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : B37FA426BEC5740BDB67
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).....	2442.30
<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 37 OF 77	
	<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. Mrs. Sarah Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 418.50 <input type="checkbox"/> Memo Item
City Hemlock State MI Zip Code 48626-8455	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)	Transaction ID : B0D3CC48A63F747FE950
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2016
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 33.83 <input type="checkbox"/> Memo Item
City San Jose State CA Zip Code 95125-5905	Purpose of Disbursement Credit card processing fees 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)	Transaction ID : B3E7C1291CB6E45D0A37
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sam's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 5656 Bay Road		Amount of Each Disbursement this Period 701.76 <input type="checkbox"/> Memo Item
City Saginaw State MI Zip Code 48604-2510	Purpose of Disbursement Parade supplies 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)	Transaction ID : B49FFF8B4D6154BE8BE5
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1154.09
<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 38 OF 77			
	<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. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 183.52
City Albany	State NY Zip Code 12212-5062	
Purpose of Disbursement Cell phones	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : B5758DFB940794A5588F	
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. Detroit Athletic Club (DAC)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 241 Madison Street		Amount of Each Disbursement this Period 1169.38
City Detroit	State MI Zip Code 48226-2126	
Purpose of Disbursement Room rental and food for event	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : BD4E97D01CFAB4751817	
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. Ms. Ashton Bortz</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 4118 Perrine Pointe		Amount of Each Disbursement this Period 200.25
City Midland	State MI Zip Code 48640-2392	
Purpose of Disbursement Mileage	Category/Type 002	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : B2EA8A22F066B4D06A3A	
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).....	1553.15
<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 39 OF 77	
	<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. Mr. Adam J. Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 15 / 2016</b>
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period <b>454.67</b>
City Standish State MI Zip Code 48658-9437	Purpose of Disbursement Wages Category/Type <b>001</b>	
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)	<input type="checkbox"/> Memo Item <b>Transaction ID : B233985A4E661485EB78</b>
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 <b>03 / 17 / 2016</b>
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period <b>76.50</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes Category/Type <b>001</b>	
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)	<input type="checkbox"/> Memo Item <b>Transaction ID : B9437F19D3BD24E289C7</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stamas Properties</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 22 / 2016</b>
Mailing Address 102 W. Main Street		Amount of Each Disbursement this Period <b>600.00</b>
City Midland State MI Zip Code 48640	Purpose of Disbursement Office space rent Category/Type <b>001</b>	
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)	<input type="checkbox"/> Memo Item <b>Transaction ID : BEDBACCB9365943FFAAC</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1131.17</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 40 OF 77	
	<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 03 / 22 / 2016
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Campaign reporting software 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)	<b>Transaction ID : B5B6845212B1E43FD89B</b>

Full Name (Last, First, Middle Initial) <b>B. Mr. Adam J. Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 514.35 <input type="checkbox"/> Memo Item
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)	<b>Transaction ID : B68F80ED159F34073A88</b>

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2016
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 145.86 <input type="checkbox"/> Memo Item
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Cell phones 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)	<b>Transaction ID : B44EA8A9DC5154C6F88D</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2160.21
<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 41 OF 77			
	<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. Mrs. Sarah Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 369.00 <input type="checkbox"/> Memo Item
City Hemlock State MI Zip Code 48626-8455	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)	Transaction ID : BCD9DECCC1A15457993D
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Adam J. Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 767.25 <input type="checkbox"/> Memo Item
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)	Transaction ID : BC9F0EAD14105457C8ED
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Midland Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 2900 Rodd Street		Amount of Each Disbursement this Period 210.00 <input type="checkbox"/> Memo Item
City Midland State MI Zip Code 48640-4483	Purpose of Disbursement Postage stamps 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)	Transaction ID : BD80EE862840F407DBD3
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1346.25
<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 42 OF 77			
	<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. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 8.75
City San Jose State CA Zip Code 95125-5905	Purpose of Disbursement Credit card processing fees	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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>Transaction ID : BC1001F459039433395E</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 136.07
City San Jose State CA Zip Code 95125-5905	Purpose of Disbursement Credit card processing fees	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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>Transaction ID : B9298FCBA409D48D58E8</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. QRP, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 94 Ashman Circle		Amount of Each Disbursement this Period 1325.77
City Midland State MI Zip Code 48640-4627	Purpose of Disbursement Printing - Labels, volunteer cards	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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>Transaction ID : BAA102238D0714924A04</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1470.59
<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 43 OF 77			
	<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. Mrs. Sarah Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 333.83
City Hemlock	State MI Zip Code 48626-8455	
Purpose of Disbursement Expense reimbursement - itemized		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : B2B8B3EF19C1F49E49C6
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:	Category/Type 002	

Full Name (Last, First, Middle Initial) <b>B. The Catalyst Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20003-6300	
Purpose of Disbursement Debt Repayment: Fundraising coordination		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : BD0D14770FE954CD7A30
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:	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>c. Victory Phones Live</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 2900 Wilson Avenue SW Suite 101		Amount of Each Disbursement this Period 5000.00
City Grandville	State MI Zip Code 49418-1286	
Purpose of Disbursement Debt Repayment: Phone calls to voters		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : BCE3A2B766FF14695888
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:	Category/Type 004	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7833.83
<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 44 OF 77	
	<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. Mrs. Sarah Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2016</b>
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period <b>169.04</b>
City Hemlock State MI Zip Code 48626-8455	Purpose of Disbursement Expense reimbursement - itemized Category/Type <b>001</b>	
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)	<input type="checkbox"/> Memo Item <b>Transaction ID : BC21BF1B0FA614A1D8D0</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2016</b>
Mailing Address 1517 Joe Mann Boulevard		Amount of Each Disbursement this Period <b>169.04</b>
City Midland State MI Zip Code 48642-8902	Purpose of Disbursement Office supplies Category/Type <b>001</b>	
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)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B55369A018E0A4857BB5</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Catalyst Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period <b>353.02</b>
City Washington State DC Zip Code 20003-6300	Purpose of Disbursement Catering for event - itemized Category/Type <b>003</b>	
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)	<input type="checkbox"/> Memo Item <b>Transaction ID : BF7965D817C014612B4D</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>522.06</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 45 OF 77	
	<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. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 206.44
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Catering for event 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : BBAA7064A11E04C1B82F
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2016
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 7.67
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Catering for event 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B2C5AB79E836F45F3BB6
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2016
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 138.91
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Catering for event 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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B3525D7FBEAAC421D9D3
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 46 OF 77	
	<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 MM / DD / YYYY 01 / 05 / 2016
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 4126.00
City Midland State MI Zip Code 48640-6824	Purpose of Disbursement Debt Repayment: Accounting services	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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>Transaction ID : B28E505C8175C45C6AFB</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Catalyst Group</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003-6300	Purpose of Disbursement Debt Repayment: Fundraising coordination	
Candidate Name	Category/Type 003	<input type="checkbox"/> Memo Item
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>Transaction ID : B0A10357300BF4D3EAD2</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Andrews Hooper Pavlik, PLC</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 3340.00
City Midland State MI Zip Code 48640-6824	Purpose of Disbursement Debt Repayment: Accounting services	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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>Transaction ID : B3B64D282B8844ACAA18</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9966.00
<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 47 OF 77			
	<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. Mr. Ryan Tarrant</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 2116 7th Street			Amount of Each Disbursement this Period 374.15
City Bay City	State MI	Zip Code 48708-6805	
Purpose of Disbursement Expense reimbursement - itemized		Category/ Type 002	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : <b>BF7453BD729EB47089D0</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)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Budget Car Rental</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 287 Lucas Drive			Amount of Each Disbursement this Period 77.12
City Romulus	State MI	Zip Code 48174	
Purpose of Disbursement Car rental		Category/ Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name			Transaction ID : <b>B96EA4098948C4751AD2</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)	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 03 / 02 / 2016
Mailing Address 1411 N West Shore Boulevard Suite 204			Amount of Each Disbursement this Period 665.00
City Tampa	State FL	Zip Code 33607-4529	
Purpose of Disbursement Debt Repayment: Website hosting & support, email distribution		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : <b>BE3DE939EAE2A4E25A65</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)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1039.15
<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 48 OF 77	
	<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. Mr. Ryan Tarrant</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address 2116 7th Street			Amount of Each Disbursement this Period 235.04	
City Bay City	State MI	Zip Code 48708-6805	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Expense reimbursement - itemized		002 Category/ Type		
Candidate Name			Transaction ID : <b>BB179A49BD4C24BEB86E</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)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Bull Feathers</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016	
Mailing Address 410 1st Street SE			Amount of Each Disbursement this Period 24.99	
City Washington	State DC	Zip Code 20003-1819	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Meals		002 Category/ Type		
Candidate Name			Transaction ID : <b>BA453E0CC933D42D38B4</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)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. LCM Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016	
Mailing Address PO Box 158513			Amount of Each Disbursement this Period 1500.00	
City Nashville	State TN	Zip Code 37215-8513	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Debt Repayment: Online marketing and management		001 Category/ Type		
Candidate Name			Transaction ID : <b>BE00FCD57E8164451B6C</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)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1735.04
<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 49 OF 77			
	<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. Mr. Ryan Tarrant</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016		
Mailing Address 2116 7th Street			Amount of Each Disbursement this Period 240.00		
City Bay City	State MI	Zip Code 48708-6805	<input type="checkbox"/> Memo Item <b>Transaction ID : BBE3F3677429941A887A</b>		
Purpose of Disbursement Expense reimbursement - itemized		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. Bull Feathers</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016		
Mailing Address 410 1st Street SE			Amount of Each Disbursement this Period 240.00		
City Washington	State DC	Zip Code 20003-1819	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BC90440087E224D9A841</b>		
Purpose of Disbursement Staff meals		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. Cardmember Service</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016		
Mailing Address PO Box 94014			Amount of Each Disbursement this Period 1509.97		
City Palatine	State IL	Zip Code 60094-4014	<input type="checkbox"/> Memo Item <b>Transaction ID : B2F097941D2764758825</b>		
Purpose of Disbursement Credit card payment - itemized		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1749.97
<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 50 OF 77	
	<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 Congressional Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 1700 Diagonal Road Suite 730		Amount of Each Disbursement this Period 853.00
City Alexandria State VA Zip Code 22314-2843	Purpose of Disbursement Congressional retreat	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : BC4BDEA5B8AD4486682B
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. We, The Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address 305 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 44.40
City Washington State DC Zip Code 20003-1148	Purpose of Disbursement Meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : B37EAA226387D4BD68FA
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. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address 1517 Joe Mann Boulevard		Amount of Each Disbursement this Period 77.02
City Midland State MI Zip Code 48642-8902	Purpose of Disbursement Office supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : B14B12E01FC4F4844A68
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 51 OF 77	
	<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. Doherty Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016	
Mailing Address 604 N McEwan Street			Amount of Each Disbursement this Period 108.00	
City Clare	State MI	Zip Code 48617-1404	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B3E032B5FBFF44EE5ACE</b>	
Purpose of Disbursement Staff meals		002 Category/ Type		
Candidate Name		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. Doherty Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2016	
Mailing Address 604 N McEwan Street			Amount of Each Disbursement this Period 115.45	
City Clare	State MI	Zip Code 48617-1404	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B866C9F7EF28346548EF</b>	
Purpose of Disbursement Staff meals		002 Category/ Type		
Candidate Name		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. Cardmember Service</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016	
Mailing Address PO Box 94014			Amount of Each Disbursement this Period 33.67	
City Palatine	State IL	Zip Code 60094-4014	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B447B9EE80ECA43C789F</b>	
Purpose of Disbursement Credit card fee		001 Category/ Type		
Candidate Name		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).....	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 52 OF 77	
	<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. LCM Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address PO Box 158513		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Nashville State TN Zip Code 37215-8513	Purpose of Disbursement Debt Repayment: Online marketing and management 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)	<b>Transaction ID : B536B13462A694D7990E</b>

Full Name (Last, First, Middle Initial) <b>B. LCM Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address PO Box 158513		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Nashville State TN Zip Code 37215-8513	Purpose of Disbursement Debt Repayment: Online marketing and management 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)	<b>Transaction ID : B6083A4CCD9164EF6A9F</b>

Full Name (Last, First, Middle Initial) <b>c. Andrews Hooper Pavlik, PLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 2180.00 <input type="checkbox"/> Memo Item
City Midland State MI Zip Code 48640-6824	Purpose of Disbursement Debt Repayment: 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)	<b>Transaction ID : BE3890E7186724B31BE8</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5180.00
<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 53 OF 77			
	<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. Christopher MacArthur</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 731 Seaton Avenue Apt. 506		Amount of Each Disbursement this Period 731.62
City Alexandria	State VA	
Zip Code 22305-3070	Purpose of Disbursement Expense reimbursement - itemized	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	<b>Transaction ID : BDFD0C057BDC94942A71</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Budget Car Rental</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2016
Mailing Address 287 Lucas Drive		Amount of Each Disbursement this Period 538.67
City Romulus	State MI	
Zip Code 48174	Purpose of Disbursement Car rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	<b>Transaction ID : BFBA907D0993A43DC940</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. GSL Solutions, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 1411 N West Shore Boulevard Suite 204		Amount of Each Disbursement this Period 665.00
City Tampa	State FL	
Zip Code 33607-4529	Purpose of Disbursement Debt Repayment: Website hosting & support, email distribution	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : B10E2B371FDEA4C98B2C</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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1396.62
<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 54 OF 77	
	<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 01 / 05 / 2016
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 3504.00 <input type="checkbox"/> Memo Item
City Midland State MI Zip Code 48640-6824	Purpose of Disbursement Debt Repayment: Accounting 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)	Transaction ID : B209E23E4B90145199CC
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Ryan Tarrant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 2116 7th Street		Amount of Each Disbursement this Period 85.90 <input type="checkbox"/> Memo Item
City Bay City State MI Zip Code 48708-6805	Purpose of Disbursement Expense reimbursement - itemized 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)	Transaction ID : B659E609ACCC3461EB6D
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016
Mailing Address 400 1st Street SE		Amount of Each Disbursement this Period 40.00 <input checked="" type="checkbox"/> Memo Item
City Washington State DC Zip Code 20003-1826	Purpose of Disbursement Meals 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)	Transaction ID : BE6C8BF0DA7F14A45AAC
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3589.90
<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 55 OF 77			
	<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 01 / 05 / 2016
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 3770.32
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement Debt Repayment: Credit card payment - itemized	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	<b>Transaction ID : B111FFB6F03AD438989C</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 563.78
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement Debt Repayment: Credit card payment - itemized	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	<b>Transaction ID : BD1E8CE910F23449D94C</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2015
Mailing Address 13155 Noel Road Suite 1600		Amount of Each Disbursement this Period 23.62
City Dallas	State TX	
Zip Code 75240-5032	Purpose of Disbursement Shipping	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : BFE4DB2A39BA64652AE4</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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4334.10
<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 56 OF 77	
	<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. Staples**

Mailing Address 1517 Joe Mann Boulevard

City Midland State MI Zip Code 48642-8902

Purpose of Disbursement Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 07 / 2015

Amount of Each Disbursement this Period: 123.27

Memo Item

Transaction ID : B5C8202AEB118405789D

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. Cardmember Service**

Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094-4014

Purpose of Disbursement Credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 11 / 2015

Amount of Each Disbursement this Period: 152.81

Memo Item

Transaction ID : B33216C47E3804BF88B4

Category/Type: 001

Full Name (Last, First, Middle Initial)

**c. Capitol Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2015

Amount of Each Disbursement this Period: 301.65

Memo Item

Transaction ID : B109A396F0E064375BA4

Category/Type: 002

**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 57 OF 77	
	<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. Pizza Sam's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2015</b>
Mailing Address <b>102 W Main Street</b>		Amount of Each Disbursement this Period <b>22.11</b>
City <b>Midland</b> State <b>MI</b> Zip Code <b>48640-5156</b>	Purpose of Disbursement <b>Meals</b> <input type="checkbox"/> 002 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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>Transaction ID : B7D6BB43845D74A5785D</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Subway Restaurants</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2015</b>
Mailing Address <b>1902 N Campus Avenue Suite J</b>		Amount of Each Disbursement this Period <b>53.42</b>
City <b>Upland</b> State <b>CA</b> Zip Code <b>91784-8217</b>	Purpose of Disbursement <b>Meals</b> <input type="checkbox"/> 002 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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>Transaction ID : B39E0C5B31549455DA76</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>400 1st Street SE</b>		Amount of Each Disbursement this Period <b>140.94</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1826</b>	Purpose of Disbursement <b>Meals</b> <input type="checkbox"/> 002 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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>Transaction ID : BC18FD7F3336B4FE490D</b>
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 58 OF 77			
	<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. We, The Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 305 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 71.91
City Washington State DC Zip Code 20003-1148	Purpose of Disbursement Meals 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)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BE7AA9513FF6845D7A6D</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bull Feathers</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 410 1st Street SE		Amount of Each Disbursement this Period 42.14
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Meals 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)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B829FCD0D9F644D9CB3D</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 701 15th Street NW		Amount of Each Disbursement this Period 20.10
City Washington State DC Zip Code 20005-2118	Purpose of Disbursement Office supplies 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)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B52D5AFBB35B8444C92F</b>
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 59 OF 77			
	<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 11 / 12 / 2015
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 407.40
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Airfare	Category/Type 002	
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
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>Transaction ID : B0C11FD4FBDED466B8A5</b>	

Full Name (Last, First, Middle Initial) <b>B. Pizza Sam's</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 102 W Main Street		Amount of Each Disbursement this Period 54.41
City Midland	State MI	Zip Code 48640-5156
Purpose of Disbursement Meals	Category/Type 002	
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
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>Transaction ID : B9B3FA47BECC54819829</b>	

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 13155 Noel Road Suite 1600		Amount of Each Disbursement this Period 32.88
City Dallas	State TX	Zip Code 75240-5032
Purpose of Disbursement Shipping	Category/Type 001	
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
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>Transaction ID : B4752CD7A5A134849970</b>	

<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 60 OF 77	
	<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. US Capitol Historical Society</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 200 Maryland Avenue NE			Amount of Each Disbursement this Period 232.65	
City Washington	State DC	Zip Code 20002-5724	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B99D9357E0A254BF9985</b>	
Purpose of Disbursement Gifts		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. Bearnaise</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015	
Mailing Address 315 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 71.99	
City Washington	State DC	Zip Code 20003-1148	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BB5ACEF2CBAB24E0381E</b>	
Purpose of Disbursement Meals		Category/ Type 002		
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. The Dubliner</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015	
Mailing Address 520 North Capitol Street NW			Amount of Each Disbursement this Period 437.62	
City Washington	State DC	Zip Code 20001-1510	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B2C39884B05FE4EA18F7</b>	
Purpose of Disbursement Staff holiday dinner		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).....	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 61 OF 77	
	<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. Metro Airport Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 9000 Middlebelt Road		Amount of Each Disbursement this Period 88.00
City Romulus State MI Zip Code 48174	Purpose of Disbursement Parking 002 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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>Transaction ID : BC7318AAD6AC342559AB</b>
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 / 09 / 2015
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement Baggage fee 002 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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>Transaction ID : BDF6277F2383846FA8B4</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Midland Evangelical Free Church</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 7221 North Jefferson Avenue		Amount of Each Disbursement this Period 208.00
City Midland State MI Zip Code 48642-8290	Purpose of Disbursement Tickets to event 012 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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>Transaction ID : B8ECDEE32D0384E639BE</b>
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 62 OF 77	
	<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. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 167.71
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meals 002 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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>Transaction ID : BC651FC9DA1D740DFAF5</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 2332.20
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit card payment - itemized 002 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
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>Transaction ID : B0AEC0558D5C74469945</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 923.60
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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>Transaction ID : B5D4CEB71D98A44708A1</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2332.20
<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 63 OF 77	
	<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. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 213.47
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meals	<input checked="" type="checkbox"/> Memo Item
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>Transaction ID : B6E0034B6C8AB4CA6AE8</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Ronald Reagan Presidential Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address 40 Presidential Drive		Amount of Each Disbursement this Period 194.00
City Simi Valley	State CA	
Zip Code 93065-3002	Purpose of Disbursement Supplies	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : BF74FE54900E948038A2</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bucks Run Golf Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address 1559 S Chippewa Road		Amount of Each Disbursement this Period 500.00
City Mt Pleasant	State MI	
Zip Code 48858-8705	Purpose of Disbursement Room rental for event	<input checked="" type="checkbox"/> Memo Item
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>Transaction ID : BF92FFDC08BFA42A6809</b>
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 64 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. The Catalyst Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003-6300	Purpose of Disbursement Debt Repayment: Fundraising coordination	
Candidate Name	Category/Type 003	<input type="checkbox"/> Memo Item
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>Transaction ID : B0EDBF79C007C4E6B91E</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Andrews Hooper Pavlik, PLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 6248.00
City Midland State MI Zip Code 48640-6824	Purpose of Disbursement Debt Repayment: Accounting services	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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>Transaction ID : B540109511FC34378B9D</b>
State: District:		

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	<input type="checkbox"/> Memo Item
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).....	8748.00
<b>TOTAL</b> This Period (last page this line number only).....	66465.01



**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 65 OF 77	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Together United For Liberty, Integrity And Prosperity Pac (Tulip Pac)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 02 / 2016</b>
Mailing Address 5915 Eastman Ave Ste 100		Amount of Each Disbursement this Period <b>2000.00</b> <input type="checkbox"/> Memo Item
City Midland State MI Zip Code 48640-6824	Purpose of Disbursement Contribution <b>011</b> Category/Type	
Candidate Name Together United For Liberty, Integrity And Prosperity Pac (Tulip Pac)		<b>Transaction ID : BD31E3DAA4041467FBC3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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  <input type="checkbox"/> Memo Item
City State Zip Code	Purpose of Disbursement 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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City State Zip Code	Purpose of Disbursement 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).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2000.00</b>

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

(Use separate schedule(s) for each numbered line)	PAGE 66 OF 77
	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 <b>Strategic National LLC</b>	Nature of Debt (Purpose): Direct mailings
Mailing Address 190 Monroe Avenue NW Suite 500	
City State Zip Code Grand Rapids MI 49503	

Outstanding Balance Beginning This Period 49011.75	Transaction ID : D59ED6AEB40924188B69	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 49011.75

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

Outstanding Balance Beginning This Period 28272.31	Transaction ID : DC46C9F4222A34D42B78	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 28272.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pulse Red Communications, LLC</b>	Nature of Debt (Purpose): Digital/Social Media Advertising
Mailing Address 190 Monroe Avenue NW Suite 5	
City State Zip Code Grand Rapids MI 49503-2628	

Outstanding Balance Beginning This Period 6948.25	Transaction ID : DEAD8943F6C634506BD7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6948.25

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	84232.31
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)	PAGE 67 OF 77
	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 <b>Victory Phones Live</b>		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	<b>Transaction ID : DBA5739D7950F4181B50</b>	
<input type="text" value="6278.45"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>	<input type="text" value="1278.45"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Strategic National LLC</b>		Nature of Debt (Purpose): Policical consulting fee
Mailing Address 190 Monroe Avenue NW Suite 500		
City State	Zip Code	
Grand Rapids MI	49503	

Outstanding Balance Beginning This Period	<b>Transaction ID : D3750D0DB592440E0905</b>	
<input type="text" value="50000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="50000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Strategic National LLC</b>		Nature of Debt (Purpose): Political consulting
Mailing Address 190 Monroe Avenue NW Suite 500		
City State	Zip Code	
Grand Rapids MI	49503	

Outstanding Balance Beginning This Period	<b>Transaction ID : D65083149529342E2944</b>	
<input type="text" value="6464.05"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6464.05"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="57742.50"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Strategic National LLC</b>	Nature of Debt (Purpose): Political consulting
Mailing Address 190 Monroe Avenue NW Suite 500	
City State Zip Code Grand Rapids MI 49503	

Outstanding Balance Beginning This Period 25000.00	Transaction ID : D58388DB0DCB04B50820	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Andrews Hooper Pavlik, PLC</b>	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 4126.00	Transaction ID : DA8DECBA3FD3B4DF88A3	
Amount Incurred This Period 0.00	Payment This Period 4126.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Andrews Hooper Pavlik, PLC</b>	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 3504.00	Transaction ID : D9CC49B9CF54A4740972	
Amount Incurred This Period 0.00	Payment This Period 3504.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	25000.00
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>The Catalyst Group</b>		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	<b>Transaction ID : D64C773B49AC54E6BA9C</b>	
<input type="text" value="2500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>

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	<b>Transaction ID : D9C9C0D68A8BD45F1BEE</b>	
<input type="text" value="1500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Andrews Hooper Pavlik, PLC</b>		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	<b>Transaction ID : D79A9F1D51845403997A</b>	
<input type="text" value="2180.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2180.00"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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)	PAGE 70 OF 77
	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 <b>The Catalyst Group</b>		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	<b>Transaction ID : D60726F67596146A8B27</b>	
<input type="text" value="2500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>

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	<b>Transaction ID : D404DDE0443694F98953</b>	
<input type="text" value="1500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GSL Solutions, Inc.</b>		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	<b>Transaction ID : DB0E6CC6136A14186B67</b>	
<input type="text" value="665.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="665.00"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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**

NAME OF COMMITTEE (In Full)

**Moolenaar for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Andrews Hooper Pavlik, PLC</b>		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	<b>Transaction ID : D0B1708DF648C4773B0E</b>	
<input type="text" value="6248.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="6248.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Catalyst Group</b>		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	<b>Transaction ID : DC4B3CF6566094C90B59</b>	
<input type="text" value="2500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>

C. 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	<b>Transaction ID : D28CDC17E4B0049CD815</b>	
<input type="text" value="1500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GSL Solutions, Inc.</b>	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 665.00	<b>Transaction ID : D9AAEDA91E3614231A63</b>	
Amount Incurred This Period 0.00	Payment This Period 665.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Andrews Hooper Pavlik, PLC</b>	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 3340.00	<b>Transaction ID : D7987B3FDCBC8434F914</b>	
Amount Incurred This Period 0.00	Payment This Period 3340.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cardmember Service</b>	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 4334.10	<b>Transaction ID : D16CD5C3A9813445FA6C</b>	
Amount Incurred This Period 0.00	Payment This Period 4334.10	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
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  
**The Catalyst Group**

Mailing Address 600 Pennsylvania Avenue SE  
Suite 330

City State Zip Code  
Washington DC 20003-6300

Nature of Debt (Purpose):  
Fundraising coordination

Outstanding Balance Beginning This Period **Transaction ID : DFD87996F640C4C65A79**  
2500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 2500.00

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 : D851E96ECECE64EFB892**  
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
1500.00 0.00 1500.00

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

Mailing Address 1411 N West Shore Boulevard  
Suite 204

City State Zip Code  
Tampa FL 33607-4529

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

Outstanding Balance Beginning This Period **Transaction ID : DEE53B79C3AD24F3FA73**  
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
729.41 0.00 729.41

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	4729.41
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)	PAGE 74 OF 77
	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 <b>Andrews Hooper Pavlik, PLC</b>		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	Transaction ID : D5AF4B23F8F9A436C9A2	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3987.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3987.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Catalyst Group</b>		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	Transaction ID : DF3858BE95412464C807	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

C. 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	Transaction ID : D6C40A412BAB74871B26	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7987.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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)	PAGE 75 OF 77
	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 <b>GSL Solutions, Inc.</b>	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 0.00	<b>Transaction ID : DF8A7BC7FCC7243648B8</b>	
Amount Incurred This Period 1015.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1015.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Andrews Hooper Pavlik, PLC</b>	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 0.00	<b>Transaction ID : D98A7D8EB3B9C4703854</b>	
Amount Incurred This Period 5718.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5718.00

C. 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 0.00	<b>Transaction ID : D3282C48DCCB14C28AEB</b>	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	8233.00
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)	PAGE 76 OF 77
	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 <b>The Catalyst Group</b>	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 0.00	<b>Transaction ID : D089AEF4399674048AE9</b>	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GSL Solutions, Inc.</b>	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 0.00	<b>Transaction ID : D37C86CC233654886B78</b>	
Amount Incurred This Period 665.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 665.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Andrews Hooper Pavlik, PLC</b>	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 0.00	<b>Transaction ID : D968EF7D02D8B4593869</b>	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	5165.00
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>Cardmember Service</b>	Nature of Debt (Purpose): Credit card payment
Mailing Address PO Box 94014	
City State Zip Code Palatine IL 60094-4014	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D269C13AF912C40FFB6C</b>	
Amount Incurred This Period 1666.59	Payment This Period 0.00	Outstanding Balance at Close of This Period 1666.59

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Catalyst Group</b>	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 0.00	<b>Transaction ID : D7DABCB6563DD48E4968</b>	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D95DE97074D184F8EAE6</b>	
Amount Incurred This Period 1479.27	Payment This Period 0.00	Outstanding Balance at Close of This Period 1479.27

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	5645.86
2) <b>TOTALS</b> This Period (last page this line number only) .....	198735.08
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	198735.08