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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Moolenaar for Congress 5915 Eastman Avenue ADDRESS (number and street) Suite 100 (Check if address is changed) Midland 48640-6824 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gwen.lang@ahpplc.com (Check if address is changed) Optional Second E-Mail Address kim.holzhauer@ahpplc.com COMMITTEE'S WEB PAGE ADDRESS (URL) johnmoolenaarforcongress.com (Check if address is changed) DATE 08 2015 C00561530 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Gwen D Lang Type or Print Name of Treasurer Gwen D Lang [Electronically Filed] 03 18 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FE	EC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Cand	lidate	e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name Candid		John Moolenaar	
Candid Party <i>F</i>		tion REP Sought: X House Senate President	State MI District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Con	mmittee:	
(d)			nocratic, iblican, etc.) Party.
Politic	cal A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Corporation w/o Capital Stock Lat	oor Organization
		Membership Organization Trade Association Co	operative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg-committee. (i.e., nonconnected committee)	ated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	TEO ID Humber	
	2.	FEC ID number	
	3.	FEC ID number	
		L L L L L L L L L L L L L L L L L L L	

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Write or Type Committee Nam		r age C
Moolenaar for		
	Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
Freshman Agricultura	ıl Republican Members Trust Aka Farm Trust	
	DO Day 20044	
Mailing Address	PO Box 30844	
	Bethesda MD	20824-0844
	CITY STATE	ZIP CODE
Relationship: Connecto	ed Organization Affiliated Committee X Joint Fundraising Represent	ative Leadership PAC Sponso
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the p	person in possession of committee
Gwen D Full Name	Lang	
Mailing Address	5915 Eastman Avenue	
Mailing Address	Suite 100	
	Midland	48640-6824
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	;; and the name and address of
Full Name Gwen D I	_ang	
Mailing Address	5915 Eastman Avenue	
	Suite 100	
	Miland	48640-6824
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address	s	
	CITY STATE	ZIP CODE
Title or Position	ı	
	Telephone number	
safety deposit l	er Depositories: List all banks or other depositories in which the committee deposits funds, ho boxes or maintains funds. , Depository, etc.	
safety deposit l	boxes or maintains funds. Depository, etc. Chemical Bank & Trust 333 W Main Street	
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Chemical Bank & Trust 333 W Main Street	
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Chemical Bank & Trust 333 W Main Street	D-5162
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Chemical Bank & Trust 333 W Main Street	
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chemical Bank & Trust 333 W Main Street Midland MI 48640	D-5162
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chemical Bank & Trust 333 W Main Street Midland CITY STATE Depository, etc.	D-5162
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chemical Bank & Trust 333 W Main Street Midland MI 48640 CITY STATE	D-5162
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Chemical Bank & Trust 333 W Main Street S CITY STATE Topository, etc. Wells Fargo Bank 7901 Wisconsin Avenue	D-5162
safety deposit I Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Chemical Bank & Trust 333 W Main Street CITY STATE Temporal Bank CITY STATE 7901 Wisconsin Avenue # MD1010	D-5162 ZIP CODE
safety deposit I Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Chemical Bank & Trust 333 W Main Street CITY STATE Temporal Bank CITY STATE 7901 Wisconsin Avenue # MD1010	D-5162