

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Moolenaar for Congress

ADDRESS (number and street)

5915 Eastman Avenue

Suite 100

Check if different than previously reported. (ACC)

Midland

MI

48640-6824

2. FEC IDENTIFICATION NUMBER ▼

C C00561530

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MI

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 04 / 01 / 2015

through

M M /

D D /

Y Y Y Y 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gwen Lang

Signature of Treasurer

Gwen Lang

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 07 / 15 / 2015

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	140135	241910.2
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	140135	241910.2
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	116667.19	215639.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	101.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	116667.19	215538.11
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	117483.79	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	245347.12	

**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:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35745	46170.2
(ii) Unitemized.....	11005	11355
(iii) TOTAL of contributions from individuals ▶	46750	57525.2
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	93385	184385
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	140135	241910.2
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	18251.41	18251.41
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	101.18
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	57.54	57.54
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	158443.95	260320.33

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	116667.19	215639.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	5000	5000
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	121667.19	220639.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	80707.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	158443.95
25. SUBTOTAL (add Line 23 and Line 24).....	239150.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	121667.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	117483.79

**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 97  
(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)  
**Stephen H. Herbruck**

Mailing Address 7420 Biscayne Way SE

City State Zip Code  
Grand Rapids MI 49546-9760

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

Name of Employer Occupation  
Herbrucks Poultry Ranch, Inc CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2015**

**Transaction ID : A-CF2004**

Amount of Each Receipt this Period  
**500**

Donation

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

Mailing Address 7055 Leestone Street

City State Zip Code  
Springfield VA 22151-3520

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

Name of Employer Occupation  
Valente & Associates Principal

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

Election Cycle-to-Date  
**2339.9**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2015**

**Transaction ID : A-CF2007**

Amount of Each Receipt this Period  
**1000**

Donation - Primary 2014 Debt Retirement

**C.** Full Name (Last, First, Middle Initial)  
**Jon Christensen**

Mailing Address 508 Excalibur Court

City State Zip Code  
Franklin TN 37067-6498

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 27 / 2015**

**Transaction ID : A-CF2008**

Amount of Each Receipt this Period  
**1000**

Donation

**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 6 OF 97
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Robert H. Marsh**

Mailing Address 308 West Street NW

City Vienna State VA Zip Code 22180-4151

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

Name of Employer The OB-C Group Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 27 / 2015**

**Transaction ID : A-CF2009**

Amount of Each Receipt this Period  
**500**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**James Brandell**

Mailing Address 611 Pennsylvania Avenue SE Apt. 323

City Washington State DC Zip Code 20003-4303

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

Name of Employer Dykema Gossett Occupation Government Policy Advisor

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

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2015**

**Transaction ID : A-CF2017**

Amount of Each Receipt this Period  
**500**

Donation - Primary 2014 Debt Retirement

**C.** Full Name (Last, First, Middle Initial)  
**Sam Geduldig**

Mailing Address 1519 Pathfinder Lane

City McLean State VA Zip Code 22101-3509

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

Name of Employer Clark Geduldig Cranfd & Niel Occupation Sr. Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 26 / 2015**

**Transaction ID : A-CF2075**

Amount of Each Receipt this Period  
**500**

Donation

**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 7 OF 97  
(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)  
**Keith Maike**

Mailing Address 1421 Delaney Road

City Owosso State MI Zip Code 48867

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

Name of Employer Main Beverage Company Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2015

**Transaction ID : A-CF2076**

Amount of Each Receipt this Period  
**500**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Michael D. Bierlein**

Mailing Address 8405 Circlewood Drive S

City Saginaw State MI Zip Code 48609-8515

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

Name of Employer Bierlein Company Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2097**

Amount of Each Receipt this Period  
**100**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Rodney E. Boulanger**

Mailing Address 3721 Anderson Drive

City Albion State MI Zip Code 49224-9599

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**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2099**

Amount of Each Receipt this Period  
**500**

Donation

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

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

**1100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 97
	<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)  
**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 President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2113**

Amount of Each Receipt this Period  
 250

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Richard A Wells**

Mailing Address 6109 Pinewood Drive

City Midland State MI Zip Code 48640-1972

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

Name of Employer The Dow Chemical Co. Occupation VP & Site Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1045**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2165**

Amount of Each Receipt this Period  
 45

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Peter J. Carras**

Mailing Address 2301 W Sugnet Road

City Midland State MI Zip Code 48640-2648

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**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : A-CF2176**

Amount of Each Receipt this Period  
 500

Donation

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

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

795.00



**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 97
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Kurt F. Berryman**

Mailing Address 804 W Ottawa Street

City: Lansing State: MI Zip Code: 48915-1784

FEC ID number of contributing federal political committee: C

Name of Employer: Auto Dealers of Michigan LLC Occupation: Director of Legislative Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500

Date of Receipt: 06 / 18 / 2015

**Transaction ID : A-CF2264**

Amount of Each Receipt this Period: 500

Donation

**B.** Full Name (Last, First, Middle Initial)  
**David S. Finkbeiner**

Mailing Address 85 Damon

City: Haslett State: MI Zip Code: 48840-9747

FEC ID number of contributing federal political committee: C

Name of Employer: MI Health & Hospital Assn Occupation: Senior VP - Advocacy

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250

Date of Receipt: 06 / 18 / 2015

**Transaction ID : A-CF2253**

Amount of Each Receipt this Period: 250

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Nancy McKeague**

Mailing Address 627 N Harrison Road

City: East Lansing State: MI Zip Code: 48823-3017

FEC ID number of contributing federal political committee: C

Name of Employer: MI Health & Hospital Assn Occupation: Senior Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250

Date of Receipt: 06 / 18 / 2015

**Transaction ID : A-CF2255**

Amount of Each Receipt this Period: 250

Donation

**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: (check only one)	PAGE 10 OF 97
	<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)  
**Kevin McKinney**

Mailing Address 6950 W Eaton Highway

City: Lansing State: MI Zip Code: 48906-9060

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500

Date of Receipt: 06 / 18 / 2015

**Transaction ID : A-CF2256**

Amount of Each Receipt this Period: 500

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Christopher J. Mitchell**

Mailing Address 1262 Lakeside Drive

City: East Lansing State: MI Zip Code: 48823-2427

FEC ID number of contributing federal political committee: C

Name of Employer: MI Health & Hospital Assn. Occupation: Sr. Director of Advocacy

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250

Date of Receipt: 06 / 18 / 2015

**Transaction ID : A-CF2257**

Amount of Each Receipt this Period: 250

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Wendy Sherman**

Mailing Address 1300 Crescent Drive

City: Midland State: MI Zip Code: 48640-3375

FEC ID number of contributing federal political committee: C

Name of Employer: Self-employed Occupation: Management Consulting

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000

Date of Receipt: 06 / 18 / 2015

**Transaction ID : A-CF2281**

Amount of Each Receipt this Period: 1000

Donation

**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 11 OF 97  
(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)  
**Elizabeth Smalley**

Mailing Address 5907 Troyes Road

City East Lansing State MI Zip Code 48823-9230

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

Name of Employer State of Michigan Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : A-CF2258**

Amount of Each Receipt this Period  
**250**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Laura D. Appel**

Mailing Address 224 Vicksburg Drive

City Lansing State MI Zip Code 48917-9607

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

Name of Employer MI Health & Hospital Assn Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : A-CF2318**

Amount of Each Receipt this Period  
**250**

Donation

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : A-CF2330**

Amount of Each Receipt this Period  
**1000**

Donation

**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: (check only one)	PAGE 12 OF 97
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Lori Gernaat**

Mailing Address 9407 S Spoelma Road

City State Zip Code  
Mc Bain MI 49657-9433

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

Name of Employer Occupation  
Gernaat Dairy LLC Dairy Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2015**

**Transaction ID : A-CF2341**

Amount of Each Receipt this Period  
**500**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Blake W. Krueger**

Mailing Address 1595 Laraway Lake Drive SE

City State Zip Code  
Grand Rapids MI 49546-6632

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

Name of Employer Occupation  
Wolverine Worldwide Inc. President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2015**

**Transaction ID : A-CF2347**

Amount of Each Receipt this Period  
**1000**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Brian E. Peters**

Mailing Address 2586 Woodhill Drive

City State Zip Code  
Okemos MI 48864-2439

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

Name of Employer Occupation  
Michigan Hospital Assn. Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2015**

**Transaction ID : A-CF2329**

Amount of Each Receipt this Period  
**500**

Donation

**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: PAGE 13 OF 97  
(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)  
**Terry McTaggart**

Mailing Address 219 N Front Street

City Standish State MI Zip Code 48658-9428

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

Name of Employer Forward Corporation Occupation Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : A-CF2401**

Amount of Each Receipt this Period  
**500**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Daniel G. DeVos**

Mailing Address 126 Ottawa Avenue NW Suite 500

City Grand Rapids State MI Zip Code 49503-2882

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

Name of Employer D.P. Fox Ventures LLC Occupation President & CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A-CF2380**

Amount of Each Receipt this Period  
**1000**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Douglas L. DeVos**

Mailing Address 126 Ottawa Avenue NW Suite 500

City Grand Rapids State MI Zip Code 49503-2882

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

Name of Employer Amway Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A-CF2375**

Amount of Each Receipt this Period  
**1000**

Donation

**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: PAGE 14 OF 97  
(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)  
**Elisabeth DeVos**

Mailing Address 126 Ottawa Avenue NW  
Suite 500

City Grand Rapids State MI Zip Code 49503-2882

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 **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A-CF2377**

Amount of Each Receipt this Period  
 1000

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Helen J. DeVos**

Mailing Address 126 Ottawa Avenue NW  
Suite 500

City Grand Rapids State MI Zip Code 49503-2882

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 **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A-CF2381**

Amount of Each Receipt this Period  
 1000

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Maria P. DeVos**

Mailing Address 126 Ottawa Avenue NW  
Suite 500

City Grand Rapids State MI Zip Code 49503-2882

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

Name of Employer RDV Corporation Occupation Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A-CF2376**

Amount of Each Receipt this Period  
 1000

Donation

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

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

3000.00

**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 97  
(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)  
**Richard DeVos Jr.**

Mailing Address 126 Ottawa Avenue NW  
Suite 500

City Grand Rapids State MI Zip Code 49503-2882

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

Name of Employer The Windquest Group Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A-CF2378**

Amount of Each Receipt this Period  
 1000

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Richard M. DeVos**

Mailing Address 126 Ottawa Avenue NW  
Suite 500

City Grand Rapids State MI Zip Code 49503-2882

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

Name of Employer Alticor, Inc. Occupation Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A-CF2382**

Amount of Each Receipt this Period  
 1000

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Suzanne C. DeVos**

Mailing Address 126 Ottawa Avenue NW  
Suite 500

City Grand Rapids State MI Zip Code 49503-2882

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

Name of Employer RDV Sports, Inc. Occupation Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A-CF2379**

Amount of Each Receipt this Period  
 1000

Donation

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 97  
(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)  
**Lindsay S. Moroun**

Mailing Address 160 Provencal Road

City State Zip Code  
Grosse Pointe Farms MI 48236-2908

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : A-CF2384**

Amount of Each Receipt this Period  
**2300**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Matthew T. Moroun**

Mailing Address 160 Provencal Road

City State Zip Code  
Grosse Pointe Farms MI 48236-2908

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

Name of Employer Occupation  
CenTra, Inc. Vice Chairman

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : A-CF2383**

Amount of Each Receipt this Period  
**2700**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Pechanga Band of Luiseno Indians**

Mailing Address PO Box 1477

City State Zip Code  
Temecula CA 92593-1477

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : A-CF2392**

Amount of Each Receipt this Period  
**2000**

Donation

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

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

**7000.00**



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

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

FOR LINE NUMBER: PAGE 17 OF 97  
(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)  
**Saginaw Chippewa Indian Tribe**

Mailing Address 7070 E Broadway Road

City State Zip Code  
Mt Pleasant MI 48858-8970

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 30 2015

**Transaction ID : A-CF2407**

Amount of Each Receipt this Period  
 2600

Donation

**B.** Full Name (Last, First, Middle Initial)  
**John N. Bartos**

Mailing Address 2095 N Jefferson Road

City State Zip Code  
Midland MI 48642-7269

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

Name of Employer Occupation  
J S & B Associates LLC Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 30 2015

**Transaction ID : A-CF2386**

Amount of Each Receipt this Period  
 1000

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Michael D. Bierlein**

Mailing Address 8405 Circlewood Drive S

City State Zip Code  
Saginaw MI 48609-8515

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

Name of Employer Occupation  
Bierlein Company President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 30 2015

**Transaction ID : A-CF2387**

Amount of Each Receipt this Period  
 1000

Donation

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

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

4600.00

**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 97  
(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)  
**Kurt O. leuter**

Mailing Address 5808 Woodduck Way

City State Zip Code  
Midland MI 48642-8532

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

Name of Employer Occupation  
leuter Insurance Group Insurance Agent

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 30 2015

**Transaction ID : A-CF2406**

Amount of Each Receipt this Period  
 1000

Donation

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

Mailing Address 5002 Foxcroft Drive

City State Zip Code  
Midland MI 48642-3299

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

Name of Employer Occupation  
Three Rivers Construction President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 30 2015

**Transaction ID : A-CF2408**

Amount of Each Receipt this Period  
 1000

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Edward W. Tanzini**

Mailing Address 4702 Blossom Circle

City State Zip Code  
Midland MI 48642-6832

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

Name of Employer Occupation  
Tancor Corp Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 30 2015

**Transaction ID : A-CF2389**

Amount of Each Receipt this Period  
 500

Donation

**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 19 OF 97
	<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)  
**Richard A Wells**

Mailing Address 6109 Pinewood Drive

City Midland State MI Zip Code 48640-1972

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

Name of Employer The Dow Chemical Co. Occupation VP & Site Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1045**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : A-CF2390**

Amount of Each Receipt this Period  
 1000

Donation

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

35745.00

**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 20 OF 97
	<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)  
**Friends Of Jim Saxton**

Mailing Address **PO Box 795**

City **Mount Holly** State **NJ** Zip Code **08060-0795**

FEC ID number of contributing federal political committee. **C C00197699**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2015**

**Transaction ID : A-CF2003**

Amount of Each Receipt this Period  
**1000**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Verizon Communications Inc. Good Government Club**

Mailing Address **1300 I Street NW  
Lower 4**

City **Washington** State **DC** Zip Code **20005-3314**

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2015**

**Transaction ID : A-CF2005**

Amount of Each Receipt this Period  
**1000**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**American Sugarbeet Growers Association PAC**

Mailing Address **1156 15th Street NW  
Suite 1101**

City **Washington** State **DC** Zip Code **20005-1756**

FEC ID number of contributing federal political committee. **C C00167684**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 21 / 2015**

**Transaction ID : A-CF2006**

Amount of Each Receipt this Period  
**1000**

Donation

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

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

**3000.00**

**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 97
	<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. Dykema Gossett Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Townsend Street  
 Suite 900  
 City Lansing State MI Zip Code 48933-1529  
 FEC ID number of contributing federal political committee. **C** C00342113  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : A-CF2010**  
 Amount of Each Receipt this Period  
 1000  
 Donation

**B. Fund for American Opportunity PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 65796  
 City Washington State DC Zip Code 20035-5796  
 FEC ID number of contributing federal political committee. **C** C00336297  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) Debt Retirement  
 Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : A-CF2011**  
 Amount of Each Receipt this Period  
 1000  
 Donation - Primary 2014 Debt Retirement

**C. American Crystal Sugar PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 3rd Street N  
 City Moorhead State MN Zip Code 56560-1952  
 FEC ID number of contributing federal political committee. **C** C00110338  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 10000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2015  
**Transaction ID : A-CF2012**  
 Amount of Each Receipt this Period  
 5000  
 Donation

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 97
	<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. Michigan Sugar Company Growers PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 S Euclid Avenue  
 City State Zip Code  
 Bay City MI 48706-3414  
 FEC ID number of contributing federal political committee. **C C00384354**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 3250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 04 2015  
**Transaction ID : A-CF2013**  
 Amount of Each Receipt this Period  
 2000  
 Donation

**B. MINN-DAK Farmers Cooperative Sugar PAC (MDSPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7525 Red River Road  
 City State Zip Code  
 Wahpeton ND 58075-9705  
 FEC ID number of contributing federal political committee. **C C00164939**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 05 2015  
**Transaction ID : A-CF2014**  
 Amount of Each Receipt this Period  
 1000  
 Donation

**C. Florida Sugar Cane League PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Pennsylvania Avenue NW  
 Suite 401  
 City State Zip Code  
 Washington DC 20004-1701  
 FEC ID number of contributing federal political committee. **C C00012328**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1285.71

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 11 2015  
**Transaction ID : A-CF2019**  
 Amount of Each Receipt this Period  
 1000  
 Donation

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

4000.00

**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 97
	<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. MINN-DAK Farmers Cooperative Sugar PAC (MDSPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 7525 Red River Road

City Wahpeton State ND Zip Code 58075-9705

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : A-CF2020**

Amount of Each Receipt this Period  
 1000

Donation

**B. National Corn Growers Association PAC - CornPAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 20 F Street NW  
Suite 600

City Washington State DC Zip Code 20001-6707

FEC ID number of contributing federal political committee. **C** C00376343

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : A-CF2018**

Amount of Each Receipt this Period  
 1000

Donation

**C. ITC Holdings Corp PAC**

Full Name (Last, First, Middle Initial)  
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 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2015

**Transaction ID : A-CF2016**

Amount of Each Receipt this Period  
 1000

Donation

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

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

3000.00

**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 24 OF 97
	<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. Michigan Sugar Company Growers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2600 S Euclid Avenue

City Bay City State MI Zip Code 48706-3414

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2015

**Transaction ID : A-CF2015**

Amount of Each Receipt this Period  
 1000

Donation

**B. Southern Minnesota Beet Sugar Cooperative PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 500  
83550 County Road 21

City Renville State MN Zip Code 56284-0500

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : A-CF2021**

Amount of Each Receipt this Period  
 1000

Donation

**C. Southern Minnesota Beet Sugar Cooperative PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 500  
83550 County Road 21

City Renville State MN Zip Code 56284-0500

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : A-CF2022**

Amount of Each Receipt this Period  
 1000

Donation

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

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

3000.00



**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 25 OF 97
	<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. Action Committee for Rural Electrification (ACRE)**

Full Name (Last, First, Middle Initial)  
Mailing Address 4301 Wilson Boulevard

City State Zip Code  
Arlington VA 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  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2015

**Transaction ID : A-CF2077**

Amount of Each Receipt this Period  
 1000

Donation

**B. Conservative Opportunities For A New America PAC (CONA PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 110 W Louisiana Avenue Suite 312

City State Zip Code  
Midland TX 79701-3414

FEC ID number of contributing federal political committee. **C** C00409458

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2015

**Transaction ID : A-CF2067**

Amount of Each Receipt this Period  
 2000

Donation

**C. KochPAC - Koch Industries, Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 14th Street NW Suite 800

City State Zip Code  
Washington DC 20005-2099

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2015

**Transaction ID : A-CF2078**

Amount of Each Receipt this Period  
 2000

Donation

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

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

5000.00

**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 97
	<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. Livestock Marketing Assn PAC (LMA-PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 10510 N Ambassador Drive

City State Zip Code  
Kansas City MO 64153-1278

FEC ID number of contributing federal political committee. **C** C00244400

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 26 / 2015

**Transaction ID : A-CF2079**

Amount of Each Receipt this Period  
500  
Donation

**B. Luke Messer For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 345 W Broadway Street

City State Zip Code  
Shelbyville IN 46176-1001

FEC ID number of contributing federal political committee. **C** C00460667

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 26 / 2015

**Transaction ID : A-CF2081**

Amount of Each Receipt this Period  
1000  
Donation

**C. National Beer Wholesalers Assn PAC (NBWA PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 26 / 2015

**Transaction ID : A-CF2080**

Amount of Each Receipt this Period  
2500  
Donation

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

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

4000.00

**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 27 OF 97
	<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. Panhandle Peanut Growers Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 361

City Wellington State TX Zip Code 79095-0361

FEC ID number of contributing federal political committee. **C C00382507**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2015

**Transaction ID : A-CF2068**

Amount of Each Receipt this Period  
 1500

Donation

**B. Exxon Mobil Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 5959 Las Colinas Boulevard

City Irving State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C C00095406**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : A-CF2082**

Amount of Each Receipt this Period  
 1000

Donation

**C. American Bankers Association PAC (BankPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1120 Connecticut Avenue NW

City Washington State DC Zip Code 20036-3902

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2084**

Amount of Each Receipt this Period  
 1000

Donation

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 97
	<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. Crawford for Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 16956  
 City Jonesboro State AR Zip Code 72403-6716  
 FEC ID number of contributing federal political committee. **C** C00462374  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : A-CF2089**  
 Amount of Each Receipt this Period  
 2000  
 Donation

**B. Emergent Biosolutions Inc Employees PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2273 Research Boulevard Suite 400  
 City Rockville State MD Zip Code 20850-3285  
 FEC ID number of contributing federal political committee. **C** C00380303  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : A-CF2085**  
 Amount of Each Receipt this Period  
 2500  
 Donation

**C. Farm Credit PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 F Street NW Suite 900  
 City Washington State DC Zip Code 20001-1530  
 FEC ID number of contributing federal political committee. **C** C00193631  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : A-CF2091**  
 Amount of Each Receipt this Period  
 1000  
 Donation

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

5500.00

**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 29 OF 97
	<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. Farm Credit PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 50 F Street NW  
Suite 900

City Washington State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2092**

Amount of Each Receipt this Period  
1500

Donation

**B. Friends Of Glenn Thompson**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1112

City State College State PA Zip Code 16804-1112

FEC ID number of contributing federal political committee. **C** C00444620

Name of Employer Occupation

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

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2083**

Amount of Each Receipt this Period  
2000

Donation - Primary 2014 Debt Retirement

**C. Liberty Project PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

FEC ID number of contributing federal political committee. **C** C00446625

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2087**

Amount of Each Receipt this Period  
1000

Donation

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 97
	<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)  
**Monsanto Citizenship Fund**

Mailing Address 800 N Lindbergh Boulevard

City Saint Louis State MO Zip Code 63167-1000

FEC ID number of contributing federal political committee. **C** C00042069

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2093**

Amount of Each Receipt this Period  
 1000

Donation

**B.** Full Name (Last, First, Middle Initial)  
**National Cattlemen's Beef Association PAC (NCBA-PAC)**

Mailing Address 9110 E Nichols Avenue

City Centennial State CO Zip Code 80112-3450

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2088**

Amount of Each Receipt this Period  
 3000

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Scalise For Congress**

Mailing Address PO Box 23219

City New Orleans State LA Zip Code 70183-0219

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2090**

Amount of Each Receipt this Period  
 2000

Donation

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

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

6000.00

**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 31 OF 97
	<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)  
**The Eye Of The Tiger PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : A-CF2086**

Amount of Each Receipt this Period  
 5000

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Ford Motor Company Civic Action Fund**

Mailing Address 1350 I Street NW

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : A-CF2171**

Amount of Each Receipt this Period  
 1000

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Ford Motor Company Civic Action Fund**

Mailing Address 1350 I Street NW

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : A-CF2172**

Amount of Each Receipt this Period  
 1000

Donation

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 97
	<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. Snake River Sugar Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1951 S Saturn Way  
Suite 100

City State Zip Code  
Boise ID 83709-2924

FEC ID number of contributing federal political committee. **C** C00326389

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : A-CF2173**

Amount of Each Receipt this Period  
 1000  
 Donation

**B. BNSF Railway Company RAILPAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 961039

City State Zip Code  
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : A-CF2204**

Amount of Each Receipt this Period  
 1000  
 Donation

**C. CME Group, Inc. PAC (CME/CBOT/NYMEX PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 20 S Wacker Drive

City State Zip Code  
Chicago IL 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  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : A-CF2205**

Amount of Each Receipt this Period  
 2000  
 Donation

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

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

4000.00



**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 33 OF 97
	<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)  
**K & L Gates LLP PAC**

Mailing Address 1601 K Street NW

City Washington State DC Zip Code 20006-1682

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : A-CF2202**

Amount of Each Receipt this Period  
 1000

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Rain and Hail Insurance Society PAC**

Mailing Address 9200 Northpark Drive Suite 300

City Johnston State IA Zip Code 50131-3006

FEC ID number of contributing federal political committee. **C** C00279505

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : A-CF2203**

Amount of Each Receipt this Period  
 1000

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Saginaw Valley State University**

Mailing Address 101 Canterbury Court

City Saginaw State MI Zip Code 48638-5816

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 135

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2015

**Transaction ID : A-CF2206**

Amount of Each Receipt this Period  
 135

Donation

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

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

2135.00

**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 34 OF 97
	<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)  
**American Dental PAC**

Mailing Address 1111 14th Street NW  
Suite 1100

City Washington State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

**Transaction ID : A-CF2241**

Amount of Each Receipt this Period  
1000

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Blue Cross & Blue Shield of MI PAC**

Mailing Address 232 S Capitol Avenue  
# MCL10A

City Lansing State MI Zip Code 48933-1536

FEC ID number of contributing federal political committee. **C C00084061**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

**Transaction ID : A-CF2242**

Amount of Each Receipt this Period  
2000

Donation

**C.** Full Name (Last, First, Middle Initial)  
**American Physical Therapy Association PAC (PT-PAC)**

Mailing Address 1111 N Fairfax Street

City Alexandria State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C C00012880**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

**Transaction ID : A-CF2246**

Amount of Each Receipt this Period  
1000

Donation

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

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

4000.00

**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 35 OF 97
	<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)  
**General Mills, Inc PAC**

Mailing Address 1 General Mills Boulevard

City State Zip Code  
Minneapolis MN 55426-1347

FEC ID number of contributing federal political committee. **C** C00062646

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

**Transaction ID : A-CF2247**

Amount of Each Receipt this Period  
1000

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Independent Insurance Agents & Brokers of America PAC**

Mailing Address 412 1st Street SE  
Suite 300

City State Zip Code  
Washington DC 20003-1804

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  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

**Transaction ID : A-CF2248**

Amount of Each Receipt this Period  
1000

Donation

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

Mailing Address 2600 S Euclid Avenue

City State Zip Code  
Bay City MI 48706-3414

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3250

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

**Transaction ID : A-CF2249**

Amount of Each Receipt this Period  
250

Donation

**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 36 OF 97  
(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. General Dynamics Corporation PAC (GDC PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2941 Fairview Park Drive  
 Suite 100  
 City Falls Church State VA Zip Code 22042-4541  
 FEC ID number of contributing federal political committee. **C** C00078451  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : A-CF2250**  
 Amount of Each Receipt this Period  
 1000  
 Donation

**B. American Osteopathic Information Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1090 Vermont Avenue NW  
 Suite 500  
 City Washington State DC Zip Code 20005-4905  
 FEC ID number of contributing federal political committee. **C** C00113803  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : A-CF2251**  
 Amount of Each Receipt this Period  
 1000  
 Donation

**C. American Osteopathic Information Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1090 Vermont Avenue NW  
 Suite 500  
 City Washington State DC Zip Code 20005-4905  
 FEC ID number of contributing federal political committee. **C** C00113803  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : A-CF2259**  
 Amount of Each Receipt this Period  
 1000  
 Donation

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

3000.00

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

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

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(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)  
**Blue Cross & Blue Shield of MI PAC**

Mailing Address 232 S Capitol Avenue  
# MCL10A

City State Zip Code  
Lansing MI 48933-1536

FEC ID number of contributing federal political committee. **C** C00084061

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : A-CF2260**

Amount of Each Receipt this Period  
 1000  
 Donation

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

Mailing Address PO Box 852

City State Zip Code  
Sioux Falls SD 57101-0852

FEC ID number of contributing federal political committee. **C** C00476853

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : A-CF2252**

Amount of Each Receipt this Period  
 1000  
 Donation

**C.** Full Name (Last, First, Middle Initial)  
**Renaissance Health Service Corporation PAC**

Mailing Address PO Box 293

City State Zip Code  
Okemos MI 48805-0293

FEC ID number of contributing federal political committee. **C** C00450288

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : A-CF2261**

Amount of Each Receipt this Period  
 250  
 Donation

**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 38 OF 97
	<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. Renaissance Health Service Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 293

City Okemos State MI Zip Code 48805-0293

FEC ID number of contributing federal political committee. **C** C00450288

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : A-CF2262**

Amount of Each Receipt this Period  
 250

Donation

**B. DTE Energy Company PAC - Federal**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 Energy Plaza

City Detroit State MI Zip Code 48226-1221

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : A-CF2290**

Amount of Each Receipt this Period  
 1000

Donation

**C. Independent Community Bankers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1615 L Street NW  
Suite 900

City Washington State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : A-CF2288**

Amount of Each Receipt this Period  
 1000

Donation

**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 39 OF 97
	<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. National Association of Real Estate Investment Trusts PAC (REITPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1875 I Street NW  
Suite 600  
City Washington State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : A-CF2289**

Amount of Each Receipt this Period  
1000  
Donation

**B. Syngenta Corporation Employee PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1775 Pennsylvania Avenue NW  
Suite 600  
City Washington State DC Zip Code 20006-4602

FEC ID number of contributing federal political committee. **C C00363945**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : A-CF2291**

Amount of Each Receipt this Period  
2500  
Donation

**C. CULAC The PAC of Credit Union National Assn**

Full Name (Last, First, Middle Initial)  
Mailing Address 601 Pennsylvania Avenue 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  
2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : A-CF2334**

Amount of Each Receipt this Period  
500  
Donation

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

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

4000.00

**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 40 OF 97
	<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. Leading Age Michigan PAC**

Full Name (Last, First, Middle Initial)  
Leading Age Michigan PAC

Mailing Address 201 N Washington Square  
Suite 920

City Lansing State MI Zip Code 48933-1323

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : A-CF2317**

Amount of Each Receipt this Period  
 1000  
 Donation

**B. American Sugar Cane League PAC**

Full Name (Last, First, Middle Initial)  
American Sugar Cane League PAC

Mailing Address PO Box 938

City Thibodaux State LA Zip Code 70302-0938

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A-CF2373**

Amount of Each Receipt this Period  
 1000  
 Donation

**C. Rodney PAC**

Full Name (Last, First, Middle Initial)  
Rodney PAC

Mailing Address PO Box 573

City Edwardsville State IL Zip Code 62025-0573

FEC ID number of contributing federal political committee. **C** C00573493

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : A-CF2374**

Amount of Each Receipt this Period  
 2000  
 Donation

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

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

4000.00



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

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

FOR LINE NUMBER: PAGE 41 OF 97  
(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. American Soybean Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12125 Woodcrest Executive Drive  
 Suite 100  
 City Saint Louis State MO Zip Code 63141-5009  
 FEC ID number of contributing federal political committee. **C C00408468**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A-CF2404**  
 Amount of Each Receipt this Period  
 1000  
 Donation

**B. Associated Builders & Contractors PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 1st Street NW  
 Suite 200  
 City Washington State DC Zip Code 20001-2376  
 FEC ID number of contributing federal political committee. **C C00010421**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A-CF2385**  
 Amount of Each Receipt this Period  
 2500  
 Donation

**C. AT&T Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 S Akard Street  
 Front 3521  
 City Dallas State TX Zip Code 75202-4295  
 FEC ID number of contributing federal political committee. **C C00109017**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A-CF2405**  
 Amount of Each Receipt this Period  
 3000  
 Donation

**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

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(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)  
**CULAC The PAC of Credit Union National Assn**

Mailing Address 601 Pennsylvania Avenue 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 **2500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : A-CF2393**

Amount of Each Receipt this Period  
**1000**

Donation

**B.** 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 **2500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : A-CF2396**

Amount of Each Receipt this Period  
**1500**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**National Association of Realtors PAC (Realtors PAC)**

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : A-CF2394**

Amount of Each Receipt this Period  
**1000**

Donation

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

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

**3500.00**

**93385.00**

**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 43 OF 97
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Freshman Agricultural Republican Members Trust**

Mailing Address **PO Box 30844**

City **Bethesda** State **MD** Zip Code **20824-0844**

FEC ID number of contributing federal political committee. **C C00493783**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**18251.41**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : A-TF2409**

Amount of Each Receipt this Period  
**6494.29**

Joint Fundraising Committee transfer

**B.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar PAC**

Mailing Address **101 3rd Street N**

City **Moorhead** State **MN** Zip Code **56560-1952**

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 11 / 2015**

**Transaction ID : A-TIP10**

Amount of Each Receipt this Period  
**5000**

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/11/2015)

**C.** Full Name (Last, First, Middle Initial)  
**Syngenta Corporation Employee PAC**

Mailing Address **1775 Pennsylvania Avenue NW  
Suite 600**

City **Washington** State **DC** Zip Code **20006-4602**

FEC ID number of contributing federal political committee. **C C00363945**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2015**

**Transaction ID : A-TIP11**

Amount of Each Receipt this Period  
**2000**

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/22/2015)

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

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

**6494.29**

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

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

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(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)  
**Freshman Agricultural Republican Members Trust**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824-0844

FEC ID number of contributing federal political committee. **C C00493783**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**18251.41**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 30 2015**

**Transaction ID : A-TF2410**

Amount of Each Receipt this Period  
**11757.12**

Joint Fundraising Committee transfer

**B.** Full Name (Last, First, Middle Initial)  
**Crop Insurance Professionals Assn Pac (CIPA PAC)**

Mailing Address 316 Pennsylvania Avenue SE  
Suite 401

City State Zip Code  
Washington DC 20003-1172

FEC ID number of contributing federal political committee. **C C00503680**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 15 2015**

**Transaction ID : A-TIP12**

Amount of Each Receipt this Period  
**1000**

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/15/2015)

**C.** Full Name (Last, First, Middle Initial)  
**USA Rice Federation PAC**

Mailing Address 4301 Fairfax Drive  
Suite 425

City State Zip Code  
Arlington VA 22203-1653

FEC ID number of contributing federal political committee. **C C00308478**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 20 2015**

**Transaction ID : A-TIP13**

Amount of Each Receipt this Period  
**1000**

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/20/2015)

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

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

**11757.12**

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

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

FOR LINE NUMBER: PAGE 45 OF 97  
(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)  
**National Sorghum Producers PAC**

Mailing Address 4201 N Interstate 27

City Lubbock State TX Zip Code 79403-7507

FEC ID number of contributing federal political committee. **C** C00475673

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : A-TIP15**

Amount of Each Receipt this Period  
 1000

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/22/2015)

**B.** Full Name (Last, First, Middle Initial)  
**Wells PAC**

Mailing Address 2470 Daniels Bridge Road  
Suite 121

City Athens State GA Zip Code 30606-6191

FEC ID number of contributing federal political committee. **C** C00500793

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1428.57

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : A-TIP16**

Amount of Each Receipt this Period  
 1428.57

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/22/2015)

**C.** Full Name (Last, First, Middle Initial)  
**Jose F. Fanjul Jr.**

Mailing Address 220 El Dorado Lane

City Palm Beach State FL Zip Code 33480-3302

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

Name of Employer Occupation  
 Florida Crystals Corp. Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 285.72

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : A-TIP17**

Amount of Each Receipt this Period  
 285.72

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/27/2015)

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

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

0.00

**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 46 OF 97
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Rain and Hail Insurance Society PAC**

Mailing Address 9200 Northpark Drive  
Suite 300

City Johnston State IA Zip Code 50131-3006

FEC ID number of contributing federal political committee. **C** C00279505

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : A-TIP42**

Amount of Each Receipt this Period  
 1000

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/22/2015)

**B.** Full Name (Last, First, Middle Initial)  
**Texas Corn PAC of the Corn Producers Assn of Texas**

Mailing Address 4205 N Interstate 27

City Lubbock State TX Zip Code 79403-7507

FEC ID number of contributing federal political committee. **C** C00503847

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : A-TIP39**

Amount of Each Receipt this Period  
 500

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/22/2015)

**C.** Full Name (Last, First, Middle Initial)  
**Land O'Lakes PAC**

Mailing Address PO Box 64101

City Saint Paul State MN Zip Code 55164-0101

FEC ID number of contributing federal political committee. **C** C00009423

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : A-TIP40**

Amount of Each Receipt this Period  
 1000

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/22/2015)

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

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

0.00

**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 47 OF 97
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**American Assn of Crop Insurers PAC (AACI PAC)**

Mailing Address 1 Massachusetts Avenue NW  
Suite 800

City Washington State DC Zip Code 20001-1401

FEC ID number of contributing federal political committee. **C** C00172833

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : A-TIP41**

Amount of Each Receipt this Period  
 1000

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/22/2015)

**B.** Full Name (Last, First, Middle Initial)  
**Minnesota Corn Growers Assn Federal PAC**

Mailing Address 738 1st Avenue E

City Shakopee State MN Zip Code 55379-1547

FEC ID number of contributing federal political committee. **C** C00416982

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2015

**Transaction ID : A-TIP24**

Amount of Each Receipt this Period  
 250

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (6/9/2015)

**C.** Full Name (Last, First, Middle Initial)  
**Florida Sugar Cane League PAC**

Mailing Address 1301 Pennsylvania Avenue NW  
Suite 401

City Washington State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1285.71

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : A-TIP20**

Amount of Each Receipt this Period  
 285.71

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/27/2015)

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

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

0.00

**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 48 OF 97
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**National Cotton Council of America Comm.**

Mailing Address PO Box 2995

City Cordova State TN Zip Code 38088-2995

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : A-TIP22**

Amount of Each Receipt this Period  
 2000

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (5/27/2015)

**B.** Full Name (Last, First, Middle Initial)  
**Austin Scott for Congress, Inc.**

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793-2530

FEC ID number of contributing federal political committee. **C** C00482737

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 571.43

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015

**Transaction ID : A-TIP23**

Amount of Each Receipt this Period  
 571.43

Donation

**[MEMO ITEM]**  
 Transfer Memo of Freshman Agricultural Republican Members Trust (6/3/2015)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

18251.41



**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 97			
	<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 04 / 01 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 30 <b>Transaction ID : B-E-2034</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Victory Phones Live</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 2900 Wilson Avenue SW Suite 101		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-2062</b>
City Grandville State MI Zip Code 49418-1286	Purpose of Disbursement Phone calls to voters 004 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. Andrews Hooper Pavlik, PLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 1879 <b>Transaction ID : B-E-1799</b>
City Midland State MI Zip Code 48640-6824	Purpose of Disbursement 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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6909.00
<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 50 OF 97			
	<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 04 / 03 / 2015
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 1608 <b>Transaction ID : B-E-2060</b>
City Midland State MI Zip Code 48640-6824	Purpose of Disbursement Accounting services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-2031</b>
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit card payment - itemized Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 200 C Street SE		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-S-257</b>
City Washington State DC Zip Code 20003-1909	Purpose of Disbursement Lodging - Swearing In Ceremony 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>[MEMO ITEM]</b> Subitemization of Cardmember Service(04/03/15)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2608.00
<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 97			
	<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. GSL Solutions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1411 N West Shore Boulevard Suite 204		Amount of Each Disbursement this Period 665 <b>Transaction ID : B-E-1999</b>
City Tampa State FL Zip Code 33607-4529	Purpose of Disbursement Website hosting & support, email distribution Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. GSL Solutions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1411 N West Shore Boulevard Suite 204		Amount of Each Disbursement this Period 665 <b>Transaction ID : B-E-2000</b>
City Tampa State FL Zip Code 33607-4529	Purpose of Disbursement Website hosting & support, email distribution Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. LCM Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address PO Box 158513		Amount of Each Disbursement this Period 3000 <b>Transaction ID : B-E-1868</b>
City Nashville State TN Zip Code 37215-8513	Purpose of Disbursement Online marketing and management Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4330.00
<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 97			
	<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 Catalyst Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 7150
City Washington State DC Zip Code 20003-6300	Purpose of Disbursement Fundraising coordination 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B-E-1801</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Catalyst Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 1186.12
City Washington State DC Zip Code 20003-6300	Purpose of Disbursement Catering for events - itemized 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)	<b>Transaction ID : B-E-1993</b>  Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 34.32
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)	<b>Transaction ID : B-S-233</b>  [MEMO ITEM] Subitemization of The Catalyst Group(04/03/15)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8336.12
<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 97			
	<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 / 25 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 91
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Catering for event	
Candidate Name	Category/Type 003	<b>Transaction ID : B-S-234</b>  <b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(04/03/15)
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. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 1060.8
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Catering for event	
Candidate Name	Category/Type 003	<b>Transaction ID : B-S-235</b>  <b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(04/03/15)
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 Catalyst Group</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 391.51
City Washington State DC Zip Code 20003-6300	Purpose of Disbursement Catering for event - itemized	
Candidate Name	Category/Type 003	<b>Transaction ID : B-E-1994</b>  Original vendors exceeding reporting threshold itemized as memo transactions.
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).....	391.51
<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 97			
	<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. Corner Bakery Cafe</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 777 6th Street NW		Amount of Each Disbursement this Period 391.51
City Washington	State DC	
Zip Code 20001-3723	Purpose of Disbursement Catering for event	<b>Transaction ID : B-S-236</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(04/03/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Catalyst Group</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 1000
City Washington	State DC	
Zip Code 20003-6300	Purpose of Disbursement Catering for event - itemized	<b>Transaction ID : B-E-2061</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Osteria Morini</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 301 Water Street SE Suite 109		Amount of Each Disbursement this Period 1000
City Washington	State DC	
Zip Code 20003-3740	Purpose of Disbursement Catering for event	<b>Transaction ID : B-S-264</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(04/03/15)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<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 55 OF 97			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Victory Processing LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 190 Monroe Avenue NW Suite 500		Amount of Each Disbursement this Period 2314.31
City Grand Rapids	State MI Zip Code 49503-2628	
Purpose of Disbursement Elections lists	Category/Type 001	<b>Transaction ID : B-E-1810</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. Warner Norcross &amp; Judd LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 900 Fifth Third Center 111 Lyon Street NW		Amount of Each Disbursement this Period 15143.5
City Grand Rapids	State MI Zip Code 49803	
Purpose of Disbursement Legal consulting	Category/Type 001	<b>Transaction ID : B-E-1808</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. John Moolenaar</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 4410 Linden Drive		Amount of Each Disbursement this Period 636.5
City Midland	State MI Zip Code 48640-2614	
Purpose of Disbursement Mileage and tolls - itemized	Category/Type 002	<b>Transaction ID : B-E-2059</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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18094.31
<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 97	
	<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 04 / 10 / 2015
Mailing Address 94 Ashman Circle		Amount of Each Disbursement this Period 148.4 <b>Transaction ID : B-E-2057</b>
City Midland	State MI	
Zip Code 48640-4627	Purpose of Disbursement Printing - bio sheet	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. Adam Kroczaleski</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 454.67 <b>Transaction ID : B-E-2050</b>
City Standish	State MI	
Zip Code 48658-9437	Purpose of Disbursement Wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Sarah Brooks</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2015
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 580.5 <b>Transaction ID : B-E-2048</b>
City Hemlock	State MI	
Zip Code 48626-8455	Purpose of Disbursement Mileage reimbursement	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1183.57
<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 57 OF 97			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 1500 Pennsylvania Avenue NW			Amount of Each Disbursement this Period 76.5 <b>Transaction ID : B-E-2052</b>
City Washington	State DC	Zip Code 20220-0001	
Purpose of Disbursement Payroll taxes	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Ryan Tarrant</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 2116 7th Street			Amount of Each Disbursement this Period 45.79 <b>Transaction ID : B-E-2036</b>
City Bay City	State MI	Zip Code 48708-6805	
Purpose of Disbursement Mileage & meals - itemized	Candidate Name		Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015
Mailing Address 300 1st Street SE			Amount of Each Disbursement this Period 140 <b>Transaction ID : B-E-2046</b>
City Washington	State DC	Zip Code 20003-1801	
Purpose of Disbursement Membership dues	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	262.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 97			
	<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 04 / 22 / 2015
Mailing Address PO Box 33598		Amount of Each Disbursement this Period 57.81
City Detroit	State MI	
Zip Code 48232-5598	Purpose of Disbursement Unemployment insurance	<b>Transaction ID : B-E-2047</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Davis &amp; Harman LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 1455 Pennsylvania Avenue NW Suite 1200		Amount of Each Disbursement this Period 500
City Washington	State DC	
Zip Code 20004-1034	Purpose of Disbursement Space rental for event	<b>Transaction ID : B-E-2045</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
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 04 / 23 / 2015
Mailing Address 5656 Bay Road		Amount of Each Disbursement this Period 480.02
City Saginaw	State MI	
Zip Code 48604-2510	Purpose of Disbursement Parade supplies	<b>Transaction ID : B-E-2074</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1037.83
<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 59 OF 97
	<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 04 / 27 / 2015
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 9,999,999.99 104.37
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-E-2042</b>

Full Name (Last, First, Middle Initial) <b>B. Victory Phones Live</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2015
Mailing Address 2900 Wilson Avenue SW Suite 101		Amount of Each Disbursement this Period 9,999,999.99 5000
City Grandville State MI Zip Code 49418-1286	Purpose of Disbursement Phone calls to voters Candidate Name Category/Type 004	
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 : B-E-2043</b>

Full Name (Last, First, Middle Initial) <b>C. John Moolenaar</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2015
Mailing Address 4410 Linden Drive		Amount of Each Disbursement this Period 9,999,999.99 9.72
City Midland State MI Zip Code 48640-2614	Purpose of Disbursement Meals - itemized Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-E-2044</b>  Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9,999,999.99 5114.09
<b>TOTAL</b> This Period (last page this line number only).....	9,999,999.99

**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 97			
	<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 05 / 01 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 30 <b>Transaction ID : B-E-2035</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 3929.64 <b>Transaction ID : B-E-1982</b>
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit card payment - itemized 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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 200 C Street SE		Amount of Each Disbursement this Period 2919.02 <b>Transaction ID : B-S-239</b>
City Washington State DC Zip Code 20003-1909	Purpose of Disbursement Lodging - Swearing In Ceremony 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)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(05/05/15)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3959.64
<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 61 OF 97			
	<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 05 / 05 / 2015	
Mailing Address 1030 Delta Boulevard			Amount of Each Disbursement this Period 671.6	
City Atlanta	State GA	Zip Code 30354-1989	Transaction ID : B-S-242	
Purpose of Disbursement Airfare		Category/ Type 002	[MEMO ITEM] Subitemization of Cardmember Service(05/05/15)	
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. Congressional Liquors</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015	
Mailing Address 404 1st Street SE			Amount of Each Disbursement this Period 16.39	
City Washington	State DC	Zip Code 20003-1826	Transaction ID : B-S-246	
Purpose of Disbursement Meals		Category/ Type 002	[MEMO ITEM] Subitemization of Cardmember Service(05/05/15)	
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 05 / 05 / 2015	
Mailing Address PO Box 94014			Amount of Each Disbursement this Period 39	
City Palatine	State IL	Zip Code 60094-4014	Transaction ID : B-S-252	
Purpose of Disbursement Credit card fee		Category/ Type 001	[MEMO ITEM] Subitemization of Cardmember Service(05/05/15)	
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 62 OF 97			
	<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 MM / DD / YYYY 05 / 05 / 2015
Mailing Address 604 N McEwan Street		Amount of Each Disbursement this Period 71.26
City Clare	State MI	
Zip Code 48617-1404	Purpose of Disbursement Beverages for district event	<b>Transaction ID : B-S-254</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(05/05/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cardmember Service</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 1070.36
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement Credit card payment - itemized	<b>Transaction ID : B-E-2023</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Doherty Hotel</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address 604 N McEwan Street		Amount of Each Disbursement this Period 332.36
City Clare	State MI	
Zip Code 48617-1404	Purpose of Disbursement Beverages for district event	<b>Transaction ID : B-S-255</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(05/05/15)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1070.36
<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 97			
	<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 MM / DD / YYYY 05 / 05 / 2015
Mailing Address 1700 Diagonal Road Suite 730			Amount of Each Disbursement this Period 738
City Alexandria	State VA	Zip Code 22314-2843	
Purpose of Disbursement Congressional retreat		Category/ Type 001	<b>Transaction ID : B-S-256</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(05/05/15)
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. Aristotle International, Inc</b>			Date of Disbursement MM / DD / YYYY 05 / 06 / 2015
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 1500
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Campaign reporting software		Category/ Type 001	<b>Transaction ID : B-E-2033</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. A &amp; A Storage</b>			Date of Disbursement MM / DD / YYYY 05 / 11 / 2015
Mailing Address PO Box 55			Amount of Each Disbursement this Period 50
City Midland	State MI	Zip Code 48640-0055	
Purpose of Disbursement Storage unit rental		Category/ Type 001	<b>Transaction ID : B-E-2063</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).....	1550.00
<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 97			
	<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 05 / 11 / 2015
Mailing Address 94 Ashman Circle		Amount of Each Disbursement this Period 198.75
City Midland	State MI	
Zip Code 48640-4627	Purpose of Disbursement Printing - banner	<b>Transaction ID : B-E-2065</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ashton Bortz</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2015
Mailing Address 4118 Perrine Pointe		Amount of Each Disbursement this Period 396
City Midland	State MI	
Zip Code 48640-2392	Purpose of Disbursement Mileage reimbursement	<b>Transaction ID : B-E-2064</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ryan Tarrant</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2015
Mailing Address 2116 7th Street		Amount of Each Disbursement this Period 151.59
City Bay City	State MI	
Zip Code 48708-6805	Purpose of Disbursement Mileage and cab fare - itemized	<b>Transaction ID : B-E-2066</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	746.34
<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 65 OF 97			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Adam Kroczaleski</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 454.67 <b>Transaction ID : B-E-2026</b>
City Standish	State MI Zip Code 48658-9437	
Purpose of Disbursement Wages	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Midland Postmaster</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2015
Mailing Address 2900 Rodd Street		Amount of Each Disbursement this Period 980 <b>Transaction ID : B-E-2029</b>
City Midland	State MI Zip Code 48640-4483	
Purpose of Disbursement Postage for mailing	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sam's Club</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2015
Mailing Address 5656 Bay Road		Amount of Each Disbursement this Period 630.4 <b>Transaction ID : B-E-2170</b>
City Saginaw	State MI Zip Code 48604-2510	
Purpose of Disbursement Parade supplies	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).....	2065.07
<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 66 OF 97			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 76.5 <b>Transaction ID : B-E-2025</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 104.37 <b>Transaction ID : B-E-2030</b>
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Cell phones Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. John Moolenaar</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 4410 Linden Drive		Amount of Each Disbursement this Period 55.8 <b>Transaction ID : B-E-2072</b>
City Midland State MI Zip Code 48640-2614	Purpose of Disbursement Mileage reimbursement Candidate Name 002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	236.67
<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 67 OF 97			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Victory Phones Live</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 2900 Wilson Avenue SW Suite 101		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-2069</b>
City Grandville State MI Zip Code 49418-1286	Purpose of Disbursement Phone calls to voters 004 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. Sarah Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 667.35 <b>Transaction ID : B-E-2070</b>
City Hemlock State MI Zip Code 48626-8455	Purpose of Disbursement Mileage reimbursement 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. A &amp; A Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015
Mailing Address PO Box 55		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-2308</b>
City Midland State MI Zip Code 48640-0055	Purpose of Disbursement Storage unit rental 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5717.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 97			
	<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 06 / 01 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 30 <b>Transaction ID : B-E-2307</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ashton Bortz</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address 4118 Perrine Pointe		Amount of Each Disbursement this Period 371.25 <b>Transaction ID : B-E-2305</b>
City Midland State MI Zip Code 48640-2392	Purpose of Disbursement Mileage reimbursement 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 06 / 03 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 1038.73 <b>Transaction ID : B-E-1983</b>
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit card payment - itemized 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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1439.98
<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 69 OF 97			
	<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. Sun Country Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 1300 Mendota Heights Road		Amount of Each Disbursement this Period 236.2
City Mendota Heights	State MN Zip Code 55120-1128	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : B-S-308</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
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. FedEx Corporate</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 13155 Noel Road Suite 1600		Amount of Each Disbursement this Period 269.03
City Dallas	State TX Zip Code 75240-5032	
Purpose of Disbursement Shipping	Category/Type 001	<b>Transaction ID : B-S-309</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
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 06 / 03 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 896.43
City Palatine	State IL Zip Code 60094-4014	
Purpose of Disbursement Credit card payment - itemized	Category/Type 001	<b>Transaction ID : B-E-1984</b>  Original vendors exceeding reporting threshold itemized as memo transactions.
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).....	896.43
<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 70 OF 97			
	<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. H Hotel</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 111 W Main Street		Amount of Each Disbursement this Period 353.09
City Midland	State MI	
Zip Code 48640-5155	Purpose of Disbursement Catering for event	[MEMO ITEM] Subitemization of Cardmember Service(06/03/15)
Candidate Name	Category/ Type 003	
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. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 140
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Member dues	[MEMO ITEM] Subitemization of Cardmember Service(06/03/15)
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Subway Restaurants</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 1902 N Campus Avenue Suite J		Amount of Each Disbursement this Period 7.36
City Upland	State CA	
Zip Code 91784-8217	Purpose of Disbursement Meals	[MEMO ITEM] Subitemization of Cardmember Service(06/03/15)
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 71 OF 97			
	<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 06 / 03 / 2015
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 173.03
City Albany	State NY	
Zip Code 12212-5062	Purpose of Disbursement Cell phones	<b>Transaction ID : B-S-328</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 1024.45
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement Credit card payment - itemized	<b>Transaction ID : B-E-1985</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Menus Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 655 Taylor Street NE		Amount of Each Disbursement this Period 549.88
City Washington	State DC	
Zip Code 20017-2063	Purpose of Disbursement Catering for event	<b>Transaction ID : B-S-293</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1024.45
<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 72 OF 97			
	<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 06 / 03 / 2015
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 2015 100.9
City Albany	State NY	
Zip Code 12212-5062	Purpose of Disbursement Cell phones	Transaction ID : B-S-294
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Cardmember Service(06/03/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Doherty Hotel</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 604 N McEwan Street		Amount of Each Disbursement this Period 2015 194.04
City Clare	State MI	
Zip Code 48617-1404	Purpose of Disbursement Beverages for district event	Transaction ID : B-S-292
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Cardmember Service(06/03/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cardmember Service</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 2015 2040.39
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement Credit card payment - itemized	Transaction ID : B-E-2327
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2040.39
<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 73 OF 97			
	<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 06 / 03 / 2015
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 41.32
City Albany	State NY Zip Code 12212-5062	
Purpose of Disbursement Cell phones	Category/Type 001	<b>Transaction ID : B-S-329</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
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. Subway Restaurants</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 1902 N Campus Avenue Suite J		Amount of Each Disbursement this Period 24.11
City Upland	State CA Zip Code 91784-8217	
Purpose of Disbursement Volunteer meals	Category/Type 001	<b>Transaction ID : B-S-333</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
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. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 72.09
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Meals	Category/Type 002	<b>Transaction ID : B-S-338</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
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 74 OF 97			
	<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. Subway Restaurants</b>			Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 1902 N Campus Avenue Suite J			Amount of Each Disbursement this Period 7.86
City Upland	State CA	Zip Code 91784-8217	
Purpose of Disbursement Meals		Category/Type 002	<b>Transaction ID : B-S-341</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
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. The Capital Grille</b>			Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 601 Pennsylvania Avenue NW			Amount of Each Disbursement this Period 231.95
City Washington	State DC	Zip Code 20004-2601	
Purpose of Disbursement Catering for event		Category/Type 003	<b>Transaction ID : B-S-342</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
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. Bucks Run Golf Club</b>			Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 1559 S Chippewa Road			Amount of Each Disbursement this Period 500
City Mt Pleasant	State MI	Zip Code 48858-8705	
Purpose of Disbursement Golf outing		Category/Type 003	<b>Transaction ID : B-S-354</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
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 75 OF 97			
	<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. Lake View Hotel</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 7452 Main Street		Amount of Each Disbursement this Period 175.8
City Mackinac Island	State MI Zip Code 49757	
Purpose of Disbursement Lodging	Category/Type 002	<b>Transaction ID : B-S-356</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/03/15)
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. Ryan Tarrant</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 2116 7th Street		Amount of Each Disbursement this Period 11.27
City Bay City	State MI Zip Code 48708-6805	
Purpose of Disbursement Meals	Category/Type 002	<b>Transaction ID : B-E-2303</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. Sarah Brooks</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 605.25
City Hemlock	State MI Zip Code 48626-8455	
Purpose of Disbursement Mileage reimbursement	Category/Type 002	<b>Transaction ID : B-E-2302</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).....	616.52
<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 76 OF 97			
	<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. John Moolenaar</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 4410 Linden Drive		Amount of Each Disbursement this Period 81 <b>Transaction ID : B-E-2301</b>
City Midland	State MI	
Zip Code 48640-2614	Purpose of Disbursement Mileage reimbursement	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>B. Sam's Club</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2015
Mailing Address 5656 Bay Road		Amount of Each Disbursement this Period 567.36 <b>Transaction ID : B-E-2321</b>
City Saginaw	State MI	
Zip Code 48604-2510	Purpose of Disbursement Parade supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. QRP, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 94 Ashman Circle		Amount of Each Disbursement this Period 190.57 <b>Transaction ID : B-E-2298</b>
City Midland	State MI	
Zip Code 48640-4627	Purpose of Disbursement Printing - events	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	838.93
<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 77 OF 97	
	<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 06 / 10 / 2015
Mailing Address 94 Ashman Circle		Amount of Each Disbursement this Period 1670.8 <b>Transaction ID : B-E-2299</b>
City Midland	State MI	
Zip Code 48640-4627	Purpose of Disbursement Print Advertising - mailing	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Andrews Hooper Pavlik, PLC</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 5433 <b>Transaction ID : B-E-1800</b>
City Midland	State MI	
Zip Code 48640-6824	Purpose of Disbursement Accounting services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Catalyst Group</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 1560 <b>Transaction ID : B-E-1992</b>
City Washington	State DC	
Zip Code 20003-6300	Purpose of Disbursement Catering for event - itemized	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8663.80
<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 78 OF 97			
	<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. Osteria Morini</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 301 Water Street SE Suite 109		Amount of Each Disbursement this Period 1560
City Washington	State DC	
Zip Code 20003-3740	Purpose of Disbursement Catering for event	<b>Transaction ID : B-S-232</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(06/11/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Catalyst Group</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 465.82
City Washington	State DC	
Zip Code 20003-6300	Purpose of Disbursement Catering for events - itemized	<b>Transaction ID : B-E-1996</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Geppetto Catering Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 4505 Queensbury Road		Amount of Each Disbursement this Period 337.5
City Riverdale	State MD	
Zip Code 20737-1033	Purpose of Disbursement Catering for event	<b>Transaction ID : B-S-237</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(06/11/15)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	465.82
<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 79 OF 97			
	<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**

**A. Congressional Liquors**

Full Name (Last, First, Middle Initial)  
Mailing Address 404 1st Street SE

City Washington State DC Zip Code 20003-1826

Purpose of Disbursement  
Catering for event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 11 / 2015

Amount of Each Disbursement this Period: 128.32

Transaction ID : B-S-238

**[MEMO ITEM]**  
Subitemization of The Catalyst Group(06/11/15)

**B. The Catalyst Group**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 Pennsylvania Avenue SE Suite 330

City Washington State DC Zip Code 20003-6300

Purpose of Disbursement  
Fundraising coordination

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 11 / 2015

Amount of Each Disbursement this Period: 2000

Transaction ID : B-E-2243

**c. The Catalyst Group**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 Pennsylvania Avenue SE Suite 330

City Washington State DC Zip Code 20003-6300

Purpose of Disbursement  
Catering for event - itemized

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 11 / 2015

Amount of Each Disbursement this Period: 314.28

Transaction ID : B-E-2244

Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional)..... 2314.28

**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 80 OF 97			
	<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 06 / 11 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 314.28
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Catering for event	<b>Transaction ID : B-S-266</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(06/11/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Catalyst Group</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 990.45
City Washington	State DC	
Zip Code 20003-6300	Purpose of Disbursement Catering for events - itemized	<b>Transaction ID : B-E-2245</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Simplicity</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 6402 Arlington Boulevard Suite B150		Amount of Each Disbursement this Period 842.6
City Falls Church	State VA	
Zip Code 22042-2333	Purpose of Disbursement Catering for event	<b>Transaction ID : B-S-267</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(06/11/15)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	990.45
<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 81 OF 97			
	<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 06 / 11 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 15.73
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Catering for event	<b>Transaction ID : B-S-269</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(06/11/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ashton Bortz</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 4118 Perrine Pointe		Amount of Each Disbursement this Period 396
City Midland	State MI	
Zip Code 48640-2392	Purpose of Disbursement Mileage reimbursement	<b>Transaction ID : B-E-2309</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Adam Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
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	<b>Transaction ID : B-E-2296</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	850.67
<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 82 OF 97			
	<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. Midland County Republican Committee</b>			Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 139 Ashman Street # 461			Amount of Each Disbursement this Period 300 <b>Transaction ID : B-E-2310</b>
City Midland	State MI	Zip Code 48640-5103	
Purpose of Disbursement Annual dues	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stamas Properties</b>			Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address Main Street			Amount of Each Disbursement this Period 600 <b>Transaction ID : B-E-2311</b>
City Midland	State MI	Zip Code 48642	
Purpose of Disbursement Office space rent	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Rusch Productions, Inc.</b>			Date of Disbursement MM / DD / YYYY 06 / 17 / 2015
Mailing Address 3550 N Thomas Road			Amount of Each Disbursement this Period 400 <b>Transaction ID : B-E-2312</b>
City Freeland	State MI	Zip Code 48623-8867	
Purpose of Disbursement Audio support for event	Candidate Name		Category/ Type 003
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).....	1300.00
<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 83 OF 97	
	<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. Hayes Specialties Corp.</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address 1761 E Genesee Avenue		Amount of Each Disbursement this Period 833.98 <b>Transaction ID : B-E-2320</b>
City Saginaw	State MI	
Zip Code 48601-2407	Purpose of Disbursement Supplies for event	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Midland Daily News</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address 124 S McDonald Street		Amount of Each Disbursement this Period 1416 <b>Transaction ID : B-E-2313</b>
City Midland	State MI	
Zip Code 48640-5161	Purpose of Disbursement Print advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 76.5 <b>Transaction ID : B-E-2295</b>
City Washington	State DC	
Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	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).....	2326.48
<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 84 OF 97			
	<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. Area Tent &amp; Canvas, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 1111 S Orr Road		Amount of Each Disbursement this Period 6388.85 <b>Transaction ID : B-E-2322</b>
City Hemlock State MI Zip Code 48626-9485	Purpose of Disbursement Tent rental 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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. H Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 111 W Main Street		Amount of Each Disbursement this Period 6218.55 <b>Transaction ID : B-E-2316</b>
City Midland State MI Zip Code 48640-5155	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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Schwann's Home Service, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 602 Industrial Drive		Amount of Each Disbursement this Period 220.5 <b>Transaction ID : B-E-2294</b>
City Clare State MI Zip Code 48617-9225	Purpose of Disbursement Food 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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12827.90
<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 85 OF 97		
	<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. Sarah Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 210 Maple View Court		Amount of Each Disbursement this Period 672.75 <b>Transaction ID : B-E-2293</b>
City Hemlock	State MI	
Zip Code 48626-8455	Purpose of Disbursement Mileage reimbursement	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>B. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 36.85 <b>Transaction ID : B-E-2319</b>
City San Jose	State CA	
Zip Code 95125-5905	Purpose of Disbursement Credit card processing fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 110.99 <b>Transaction ID : B-E-2331</b>
City Albany	State NY	
Zip Code 12212-5062	Purpose of Disbursement Cell phones	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).....	820.99
<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 86 OF 97			
	<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 06 / 25 / 2015
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 202.87
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Cell phones	
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-2332</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 MM / DD / YYYY 06 / 26 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 3000
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit card payment - itemized	
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-2333</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:		Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. Lake View Hotel</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 7452 Main Street		Amount of Each Disbursement this Period 1537.16
City Mackinac Island State MI Zip Code 49757	Purpose of Disbursement Lodging	
Candidate Name	Category/Type 002	<b>Transaction ID : B-S-360</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>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/26/15)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3202.87
<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 87 OF 97			
	<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. Subway Restaurants**

Mailing Address 1902 N Campus Avenue  
Suite J

City Upland State CA Zip Code 91784-8217

Purpose of Disbursement Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 26 / 2015

Amount of Each Disbursement this Period: 15.31

Transaction ID : B-S-366

**[MEMO ITEM]**  
Subitemization of Cardmember Service(06/26/15)

Full Name (Last, First, Middle Initial)  
**B. Verizon Wireless**

Mailing Address PO Box 15062

City Albany State NY Zip Code 12212-5062

Purpose of Disbursement Cell phones

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 26 / 2015

Amount of Each Disbursement this Period: 357.79

Transaction ID : B-S-368

**[MEMO ITEM]**  
Subitemization of Cardmember Service(06/26/15)

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: 06 / 26 / 2015

Amount of Each Disbursement this Period: 97.83

Transaction ID : B-S-372

**[MEMO ITEM]**  
Subitemization of Cardmember Service(06/26/15)

**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 88 OF 97			
	<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 06 / 26 / 2015
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 433.6
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : B-S-373</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(06/26/15)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Victory Phones Live</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 2900 Wilson Avenue SW Suite 101		Amount of Each Disbursement this Period 5000
City Grandville	State MI Zip Code 49418-1286	
Purpose of Disbursement Phone calls to voters	Category/Type 004	<b>Transaction ID : B-E-2323</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. Adam Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period 1082.25
City Standish	State MI Zip Code 48658-9437	
Purpose of Disbursement Mileage reimbursement	Category/Type 002	<b>Transaction ID : B-E-2325</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).....	6082.25
<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 89 OF 97			
	<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. John Moolenaar</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 4410 Linden Drive		Amount of Each Disbursement this Period 121.5 <b>Transaction ID : B-E-2328</b>
City Midland	State MI	
Zip Code 48640-2614	Purpose of Disbursement Mileage reimbursement	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>B. PayPal</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 21.2 <b>Transaction ID : B-E-2402</b>
City San Jose	State CA	
Zip Code 95125-5905	Purpose of Disbursement Credit card processing fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. QRP, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 94 Ashman Circle		Amount of Each Disbursement this Period 333.9 <b>Transaction ID : B-E-2371</b>
City Midland	State MI	
Zip Code 48640-4627	Purpose of Disbursement Print advertising - t-shirts	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	476.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 97			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. QRP, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 94 Ashman Circle		Amount of Each Disbursement this Period 937.56 <b>Transaction ID : B-E-2398</b>
City Midland	State MI	
Zip Code 48640-4627	Purpose of Disbursement Printing - event	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Catalyst Group</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 600 Pennsylvania Avenue SE Suite 330		Amount of Each Disbursement this Period 1724.05 <b>Transaction ID : B-E-2425</b>
City Washington	State DC	
Zip Code 20003-6300	Purpose of Disbursement Fundraising expenses - itemized	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 434 <b>Transaction ID : B-S-379</b>
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Catering for event	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(06/30/15)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2661.61
<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 91 OF 97			
	<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 06 / 02 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 21.18
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	Transaction ID : B-S-380  [MEMO ITEM] Subitemization of The Catalyst Group(06/30/15)
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. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 392.93
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	Transaction ID : B-S-381  [MEMO ITEM] Subitemization of The Catalyst Group(06/30/15)
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. Congressional Liquors</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address 404 1st Street SE		Amount of Each Disbursement this Period 140.94
City Washington State DC Zip Code 20003-1826	Purpose of Disbursement Beverages for event 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B-S-382  [MEMO ITEM] Subitemization of The Catalyst Group(06/30/15)
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 92 OF 97	
	<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 Thyme &amp; Place, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2015</b>
Mailing Address 2500 Dewitt Avenue		Amount of Each Disbursement this Period <b>735</b>
City Alexandria State VA Zip Code 22301-1104	Purpose of Disbursement Catering for event	<b>003</b> Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-S-383</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> Subitemization of The Catalyst Group(06/30/15)

Full Name (Last, First, Middle Initial) <b>B. Adam Kroczaleski</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2015</b>
Mailing Address 5082 Lincoln Road		Amount of Each Disbursement this Period <b>531</b>
City Standish State MI Zip Code 48658-9437	Purpose of Disbursement Mileage Reimbursement	<b>002</b> Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-2429</b>
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. Ryan Tarrant</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2015</b>
Mailing Address 2116 7th Street		Amount of Each Disbursement this Period <b>207.9</b>
City Bay City State MI Zip Code 48708-6805	Purpose of Disbursement Mileage reimbursement	<b>002</b> Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-2370</b>
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>738.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>115191.07</b>

# 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 93 OF 97
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Committee (NRCC)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2015</b>
Mailing Address <b>320 1st Street SE</b>		Amount of Each Disbursement this Period <b>5000</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-1838</b>
Purpose of Disbursement <b>Transfer of excess funds</b>	Candidate Name	Category/ Type <b>012</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	<b>Transaction ID : B-E-2397</b>

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5000.00</b>

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

(Use separate schedule(s) for each numbered line)	PAGE 94 OF 97
	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 18525	<b>Transaction ID : SD10-DEBT2415</b>	
Amount Incurred This Period 13473	Payment This Period 8920	Outstanding Balance at Close of This Period 23078

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	<b>Transaction ID : SD10-DEBT1373</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 28272.31

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 7500	<b>Transaction ID : SD10-DEBT2421</b>	
Amount Incurred This Period 4500	Payment This Period 3000	Outstanding Balance at Close of This Period 9000

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	60350.31
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**

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 2145	<b>Transaction ID : SD10-DEBT2418</b>	
Amount Incurred This Period 2095	Payment This Period 1330	Outstanding Balance at Close of This Period 2910

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 25253.45	<b>Transaction ID : SD10-DEBT2424</b>	
Amount Incurred This Period 7500	Payment This Period 13753.45	Outstanding Balance at Close of This Period 19000

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 49503-2628	

Outstanding Balance Beginning This Period 138011.75	<b>Transaction ID : SD10-DEBT1811</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 138011.75

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	159921.75
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

NAME OF COMMITTEE (In Full)

**Moolenaar for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Victory Phones 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 : SD10-DEBT2323</b>	
<input type="text" value="33742.5"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="20000"/>	<input type="text" value="13742.5"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT1810</b>	
<input type="text" value="2314.31"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="2314.31"/>	<input type="text" value="0"/>

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	<b>Transaction ID : SD10-DEBT2428</b>	
<input type="text" value="8959.61"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4384.31"/>	<input type="text" value="8959.61"/>	<input type="text" value="4384.31"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="18126.81"/>
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>Warner Norcross &amp; Judd LLP</b>		Nature of Debt (Purpose): Legal consulting
Mailing Address 900 Fifth Third Center 111 Lyon Street NW		
City State	Zip Code	
Grand Rapids MI	49803	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT1808</b>	
<input type="text" value="15143.5"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="15143.5"/>	<input type="text" value="0"/>

B. 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	<b>Transaction ID : SD10-DEBT1812</b>	
<input type="text" value="6948.25"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="6948.25"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Alticor</b>		Nature of Debt (Purpose): Room rental for event
Mailing Address 419 New Jersey Avenue SE		
City State	Zip Code	
Washington DC	20003-4007	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT1997</b>	
<input type="text" value="200"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="200"/>	<input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="6948.25"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="245347.12"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="245347.12"/>