

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                             |                    |                                                             |                                   |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Moolenaar for Congress                                                                                                               |                    |                                                             |                                   |                                                                                                             |
| <b>ADDRESS</b> (number and street) 913 S. Saginaw Road<br>Suite 209                                                                                                         |                    |                                                             |                                   |                                                                                                             |
| <b>CITY</b><br>Midland                                                                                                                                                      | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>48640-6824                               |                                   |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Moolenaar, John, R., Mr.,                                                                                                                    |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MI 02 |                                   | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00561530                                                            |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                                                             |                                   |                                                                                                             |
| <b>A. FULL NAME</b><br>Escobedo-Escotto, Audrey, L., Dr.,                                                                                                                   |                    | Name of Employer<br>Emerson Clinical Research Institute     |                                   | Date (month, day, year)<br>07/21/2026                                                                       |
| <b>MAILING ADDRESS</b><br>1520 Ingram Ter                                                                                                                                   |                    | <b>Transaction ID : 6803C1635C8AF4B3E</b>                   |                                   | Amount<br>2000.00                                                                                           |
| <b>CITY</b><br>Silver Spring                                                                                                                                                | <b>STATE</b><br>MD | <b>ZIP CODE</b><br>20906-5930                               | Occupation<br>Site Director       |                                                                                                             |
| <b>B. FULL NAME</b><br>Skerbeck, Sonja, L., Ms.,                                                                                                                            |                    | Name of Employer<br>Skerbeck Entertainment Group            |                                   | Date (month, day, year)<br>07/21/2026                                                                       |
| <b>MAILING ADDRESS</b><br>520 Butternut Dr<br>Ste 80                                                                                                                        |                    | <b>Transaction ID : 62340AB2809AC467E</b>                   |                                   | Amount<br>2500.00                                                                                           |
| <b>CITY</b><br>Holland                                                                                                                                                      | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49424-1587                               | Occupation<br>OWNER               |                                                                                                             |
| <b>C. FULL NAME</b><br>Arnold, Karen, S., Ms.,                                                                                                                              |                    | Name of Employer<br>Arnold Amusements, Inc.                 |                                   | Date (month, day, year)<br>07/21/2026                                                                       |
| <b>MAILING ADDRESS</b><br>1240 Oak Terrace Drive                                                                                                                            |                    | <b>Transaction ID : 6FD905FA1DFA14353</b>                   |                                   | Amount<br>1000.00                                                                                           |
| <b>CITY</b><br>Traverse City                                                                                                                                                | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686                                    | Occupation<br>Outdoor amusements  |                                                                                                             |
| <b>D. FULL NAME</b><br>Netterfield, Kimberly, , ,                                                                                                                           |                    | Name of Employer<br>Netterields Popcorn Lemonade Inc.       |                                   | Date (month, day, year)<br>07/21/2026                                                                       |
| <b>MAILING ADDRESS</b><br>6035 Thomas Cir                                                                                                                                   |                    | <b>Transaction ID : 6084481C382CA4A1A</b>                   |                                   | Amount<br>1000.00                                                                                           |
| <b>CITY</b><br>Land O Lakes                                                                                                                                                 | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>34638                                    | Occupation<br>FOOD CONCESSIONAIRE |                                                                                                             |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    | Name of Employer                                            |                                   | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                                                             |                                   |                                                                                                             |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                        |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Holzhauer, Kim, , ,                                                                                                                          |                    |                                                             | <b>DATE</b><br>07/22/2026         | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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**FEC FORM 6**  
(Revised 03/2016)