

Period Covered: January 1, 2013 A \$200 penalty shall be assessed against any to April 30, 2014. Individual who files more than 30 days late.	Period Covered: January 1, 2013 to April 30, 2014		New Officer or Employee Employing Office:		STATUS
(Office Use Only)	X Check if Amendment	New Member of or Candidate for State: <u>Michigan</u> U.S. House of Representatives District: <u>4th</u> Candidates - Date of Election: <u>November 4, 2014</u>	New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election: N	×	FILER
A THE RELIGION WATER		Daytime Telephone:	John R. Moolenaar	John	Name:
2015 APR 16 AN 9: 48	FORM B For New Members, Candidates, and New Employees	. 1	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	STATE:	UNITED

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	CORRESPONDING S	ATTACH THE THIS FORM INCLUDES C
from a single Yes X No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No X	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No X	F. Do you have any reportable agreements or arrangements with an outside entity?	Yes X No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes X No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Of the reporting period? b. Make more than \$200 m unearmed income from any reportable asset during the reporting period?

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics. TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes Yes **%** Š ×

SCHEDULE A - ASSETS & "UNEARNED INCOM

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Name: John R. Moolenaar	
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		2025 SSGA Target Retirement	SSGA Target Retirement	SSGA Cash Series	State of MI 401(k)	ABC Hadge Fund X	Exemples Smon & Schuster	Mega Corp Stock	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an esset or moome source is that of your spouse (SP) or dependent until (DC), or jointly held with anyone (JT), in the optional column on the fair set.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownershy missest in a privately-held business, that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For restal and other real property held for investment, provide a complete address or description, e.g., restal property," and a city and state.	at interest-bearing accounts. If the total is over \$5,000, list every fruncial institution where there is more than \$1,000 in interest bearing accounts.	For bank and other cash accounts, total the amount in	For all RCAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.		production of income asset less to investment or production of income and with a list manked value assessing \$1.000 at the end of the reporting period, and (b) any other reportable asset or source and only any other reportable asset or source particularly and the present of the production of the present o	Assets and/or Income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: John R. Moolenaar

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: John R. Moolenaar

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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: John R. Moolenaar

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Over \$5,000,000 ڬ		J
Spouse/DC Income over \$1,000,000° ≧		

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

	Name:	
	: John R. I	
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	Moolenaar	
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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honorana, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

			THE PROPERTY OF THE PROPERTY O				Moolenaar Consulting LLC	State of Michigan	Omario County Board of Education	Examples: Civil War Roundable Richmond, VA (Oct. 2)		, V	Source (include date of receipt for honoraria)	
	1000	197					Consulting fees	Salary	Spouse Salary	Salary	tonorarium	2016	Type	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Translation (Wildeline Programme)	\$5,675	\$23,895	N/A OS	\$20,000	88	Current Year to Filing	li	
1100000							\$21,664	\$69,613	31,000 N/A	\$76.DO0	\$500	Preceding Year	Amount	

SCHEDULE D - LIABILITIES

	Name:	
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are it it out or are a Members); loans secured by automobiles, household furniture, or appliances, liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

Amount of Liability 1-0			Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example
Amount of Liability O1- 000 O1- 000 O1- 000 O1- 000 O1- 0000 O1- 0000			First Bank of Wilmington, DE	First Bank of Wilmington, DE	First Bank of Wilmington, DE	First Bank of Wilmington, DE	First Bank of Wilmington, DE	First Bank of Wilmington, DE	First Bank of Wilmington, DE	First Bank of Wilmington, DE	First Bank of Wilmington, DE	First Bank of Wilmington, DE			
\$10,001- \$15,000 \$15,001- \$50,000 \$50,000 \$100,001- \$250,001- \$1,000,001 \$1,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$25,000,000 \$25,000,001- \$25,000,000 \$25,000,000 \$25,000,001- \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000			5/98	5/98	5/98	5/9B	5/98	5/98	5/98	5798	5/98	5/98	5/98	5/98	5/98
\$15,000		Mortgage on Rental Property, Dover, DE				and the second s									
\$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$1,000,000 \$1,000,000 \$5,000,001- \$25,000,001- \$25,000,000 \$5,000,001- \$25,000,000 \$0 \$25,000,001- \$25,000,000 \$25,000,000 \$20,000,000 \$20,000,000 \$20,000,000 \$20,000,000 \$20,000,000 \$20,000,000 \$20,000,000 \$20,000,000 \$20,000,000 \$20,000,000 \$20,000,000 \$20,000,000 \$20,000,000	\$1 \$1														
\$100,001- \$250,000	\$1 \$5														
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\$500,000	\$1: \$2:		×	×	×	×	×	*	×	×	×	×	*	*	*
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S50,000,000 — Over \$50,000,000 — Over \$1,000,000	\$25			_			_								
Over \$1 000 000*															
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, tratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Owner	Moolenaar Consulting LLC
Officer	Heartland Foundation
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SCHEDULE F - AGREEMENTS

Name:	
John R.	
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Moolenaar	
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Identify the da continuation o	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Date Parties to Agreement Tohn, Mood ansatz, 6. Charter of Michigan, Continuing participation in an employee welfare or benefit plan maintained by a former employer.	with respect to: future employment, a leave of absence during the priment; or continuing participation in an employee welfare or benefit remains of Agreement
	John Moolenaar & State of Michigan	Continued participation and vested member of the
1997	The state of the s	State of Michigan defined bene
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any intermediate Considered Confidence as a resourch a p	Systematics and any minimised considered considerated as a regulated passification and repeat importation isseed on Schedule C.
Source (Name and City/State)	Brief Description of Duties
Example. Doe Jones & Smith, Hometown, Homestate	Accounting Services
MiTech Plus, Inc. (Midland, MI)	Consulting services
TgX Solutions (Oxford, MI)	Consulting services

Charles W. Dent, Pennsylvania Chairman Linda T. Sánchez, California Ranking Member

Patrick Meehan, Pennsylvania Trey Gowdy, South Carotina Susan W. Brooks, Indiana Kenny Marchant, Texas

Michael E. Capuano, Massachusetts Yvette D. Clarke, New York Ted Deutch, Florida John B. Larson, Connecticut



ONE HUNDRED FOURTEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS
March 18, 2015

The Honorable John Moolenaar U.S. House of Representatives 117 Cannon House Office Building Washington, DC 20515

Dear Colleague:

A copy of your 2013 Financial Disclosure Statement, filed with the Clerk of the House, has been forwarded to this Committee for review. Examination of your Statement suggests the need for additional information or other amendment as noted on the enclosed checklist.

Please submit any necessary amendment to the Clerk of the House within 30 days of the date of this letter. Please be advised that pursuant to section 104(d)(1) of the Ethics in Government Act of 1978 (EIGA), any individual filing a required Statement, including amendments, more than 30 days after the due date shall pay a \$200 late filing fee to the United States Treasury. In addition, any individual who knowingly and willfully fails to file or falsifies any Statement required under the EIGA may be assessed a maximum civil penalty of up to \$50,000 and subjected to criminal prosecution. Therefore, you must promptly file the requested amendment to comply with the statutory requirement.

You may amend your Financial Disclosure Statement either by using the electronic filing system, writing a letter addressed to the Clerk which identifies the section(s) of the Statement that you are amending or by completing a new paper Statement and indicating in the appropriate place that it is an amendment. You may obtain a blank Statement for this purpose from the Committee's Web site at http://ethics.house.gov in the "Financial Disclosure" section. The amendment should be submitted to the Legislative Resource Center either electronically or in paper to Room 135 Cannon House Office Building, Washington, DC 20515.

PLEASE NOTE: The STOCK Act requires the Clerk to post all candidate and Member Financial Disclosure Statement filings, including all amendments, on the Web site for the Office of the Clerk. If you are concerned about your address, telephone number, or signature being posted on the Web site, please use the Statement form or the e-filing system to complete any amendment rather than a letter.

Thomas A. Rust

Staff Director and Chief Counsel

Joanne White
Administrative Staff Director

Clifford C. Stoddard, Jr.
Counsel to the Chairman

Daniel J. Taylor

Counsel to the Ranking Member

1015 Longworth House Office Building Washington, D.C. 20515-6328 Telephone: (202) 225-7103 Facsimile: (202) 225 7392

The Honorable John Moolenaar Page 2

If you have any questions concerning proper completion of the amendment or do not agree that your Statement requires an amendment, please contact the Committee at (202) 225-7103. Committee Staff is also available to review the amendment prior to filing. If you would like such a review, please fax your request to (202) 225-3713 or email financial disclosure@mail.house.gov.

Sincerely,

Charles W. Dent Chairman Linda T. Sánchez Ranking Member

CWD/LTS:tn

Enclosure

Name: Moolenaar, John R., CC Filer Status: CC Type of Report: Candidate rec'd 5/21/2014	SCHEDULE E. POSITIONS 1. Box on page 1 checked "yes" but no data reported 2. Position(s) not sufficiently identified
FIRST / SIGNATURE PAGE 1. Filer information incomplete or insufficient 2. Preliminary Information box (es) not checked 3. Trust holdings and/or spouse/dependent Exemption	3. Organization not sufficiently identified 4. Other SCHEDULE F. AGREEMENTS 1. Box on page 1 checked "yes" but no data reported
box(es) not checked 4. Trust/Spouse Exemption box (es) marked "yes" 5. Statement not properly signed or dated 6. Other	 2. More detail needed on agreements 3. Future employment agreements or jobs accepted while in office not reported 4. Other
SCHEDULE A. ASSETS & "UNEARNED" INCOME 1. Box on page 1 checked "yes" but no data reported 2. Trusts box on p. 1 marked "yes" but no trust reported 3. Identity not properly reported a. Incomplete fund or other asset name b. Real estate identification not provided/insufficient	SCHEDULE G. GIFTS [N/A FOR NEW MEMBERS] 1. Box on page 1 checked "yes" but no data reported 2. Source/description not sufficient 3. Value not properly reported 4. Gift appears not to be acceptable under gift rule 5. Other
 c. Private business - type / location not provided 4. Value of asset not properly reported 5. Type and/or Amount of Income not properly shown 6. Capital gains on sale reported to exceed \$200 on 	SCHEDULE H. TRAVEL [N/A FOR NEW MEMBERS] 1. Box on page 1 checked "yes" but no data reported 2. Source not sufficient 3. Dates of travel not reported
Sch. B are not consistently reported on Sch. A 7. Fund/IRA/401k/trust underlying assets not reported 8. Type of life insurance not properly reported 9. Other	4. Description/itinerary not sufficient 5. Food/lodging/personal days response insufficient 6. 4/7 day limit on private travel exceeded 7. No record of travel pre-approval(s) by Committee 8. Travel approval granted but trip(s) not reported 9. Other
SCHEDULE B. TRANSACTIONS 1. Box on page 1 checked "yes" but no data reported 2. Account identity not properly shown	SCHEDULE I. PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA
3. Type of transaction (P, S, E) not properly shown 4. Date not properly shown 5. Category of value not properly shown 6. New/old holding not shown as acquisition/sale	 1. Payments in lieu of honoraria not reported properly 2. Limit of \$2,000 per event exceeded 3. Confidential list of charities not received (i.e., separate sealed green envelope)
7. Listed asset not shown on Sch. A 8. Other	4. Other
SCHEDULE C. EARNED INCOME 1. Box on page 1 checked "yes" but no data reported 2. Source and/or type not properly shown 3. Gross amount not properly shown	SCHEDULE J. COMPENSATION IN EXCESS OF \$5,000 1. Box on page 1 checked "yes" but no data reported 2. Source not sufficiently identified 3. Description of duties not sufficient 4. Other
☐ 4. Outside earned income limit exceeded (i.e., \$26,955) ☐ 5. Teaching Fee – no approval letter filed ☐ 6. Other	□ NO EXCEPTIONS WERE NOTED
	Detail on Checked Item(s):
SCHEDULE D. LIABILITIES 1. Box on page 1 checked "yes" but no data reported 2. Creditor/Type of Liability not sufficiently identified	A-3a: Please provide the holder of the asset shown on Schedule A. • Midland Charter Initiative 403(b) DC Plan: (possibly "TIAA")
3. Date Liability Incurred not provided/insufficient 4. Amount of Liability not properly reported	CREF StockCREF GrowthCREF Equity Index
☐ 5. Mortgaged property not listed on Sch. A ☐ 6. Other	CREF Money Market SPAmy Moolenaar Roth IRA:Money Market Sweep

CY 2013 FINANCIAL DISCLOSURE CHECKLIST: MEMBERS, CANDIDATES, OFFICERS & EMPLOYEES

A-9: Please list ownership interest in the following business as an asset on Schedule A.

Moolenaar Consulting LLC-Owner

F-4: Please list agreement with the previous employer for retirement benefits.

• "State of Michigan"

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