

HAND
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LEGISLATIVE RESOURCE CENTER

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2015 APR 16 AM 9:48

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: John R. Moolenaar

Daytime Telephone:

FILER
STATUS

☒

New Member of or Candidate for
U.S. House of Representatives
Candidates - Date of Election: November 4, 2014

State: Michigan
District: 4th

☒

Check if
Amendment

☐

New Officer or Employee
Employing Office:

Period Covered: January 1, 2013
to April 30, 2014

(Office Use Only)

A \$200 penalty shall be assessed against any
individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

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? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Do you have any reportable agreements or arrangements with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

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

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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[illegible]

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Use additional sheets if more space is required.

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[illegible]

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[illegible]

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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

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 honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]

SCHEDULE D - LIABILITIES

Name: John R. Moolenaar

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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 rent it out or are a Member); 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.

SP DC JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							

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, fraternal, 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

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: John R. Moolenaar

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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	Terms of Agreement
	John Moolenaar & State of Michigan	Continued participation and vested member of the State of Michigan defined benefit pension plan.

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.

Source (Name and City/State)		Brief Description of Duties
<i>Example:</i>	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 Carolina
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

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
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.

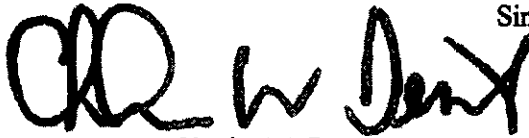
You may amend your Financial Disclosure Statement either by using the electronic filing system, writing a letter addressed to the Clerk which identifies the section(s) of the Statement that you are amending or by completing a new paper Statement and indicating in the appropriate place that it is an amendment. 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.

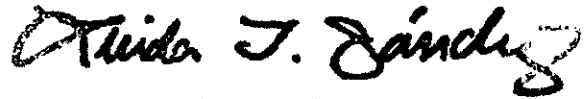
The Honorable John Moolenaar
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If you have any questions concerning proper completion of the amendment or do not agree that your Statement requires an amendment, please contact the Committee at (202) 225-7103. Committee Staff is also available to review 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

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

Name: Moolenaar, John R., CC
Filer Status: CC
Type of Report: Candidate rec'd 5/21/2014

FIRST / SIGNATURE PAGE

- ☐ 1. Filer information incomplete or insufficient
- ☐ 2. Preliminary Information box (es) not checked
- ☐ 3. Trust holdings and/or spouse/dependent Exemption box(es) not checked
- ☐ 4. Trust/Spouse Exemption box (es) marked "yes"
- ☐ 5. Statement not properly signed or dated
- ☐ 6. 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
 - ☐ 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 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

SCHEDULE B. TRANSACTIONS

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Account identity not properly shown
- ☐ 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
- ☐ 7. Listed asset not shown on Sch. A
- ☐ 8. 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
- ☐ 4. Outside earned income limit exceeded (i.e., \$26,955)
- ☐ 5. Teaching Fee – no approval letter filed
- ☐ 6. Other

SCHEDULE D. LIABILITIES

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Creditor/Type of Liability not sufficiently identified
- ☐ 3. Date Liability Incurred not provided/insufficient
- ☐ 4. Amount of Liability not properly reported
- ☐ 5. Mortgaged property not listed on Sch. A
- ☐ 6. Other

SCHEDULE E. POSITIONS

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Position(s) not sufficiently identified
- ☐ 3. Organization not sufficiently identified
- ☐ 4. Other

SCHEDULE F. AGREEMENTS

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. More detail needed on agreements
- ☐ 3. Future employment agreements or jobs accepted while in office not reported
- ☒ 4. Other

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

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
- ☐ 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 I. PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

- ☐ 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)
- ☐ 4. Other

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

☐ NO EXCEPTIONS WERE NOTED

Detail on Checked Item(s):

A-3a: Please provide the holder of the asset shown on Schedule A.

- Midland Charter Initiative 403(b) DC Plan: (possibly "TIAA")
 - CREF Stock ✓
 - CREF Growth ✓
 - CREF Equity Index ✓
 - CREF Money Market ✓
- SP—Amy 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" ✓

dstr