



**CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R15 / 5-19)  
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT?  Yes  No If Yes, please enter the file number in this box. → **40-23-19**

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

|   |                    |                            |                             |   |          |   |  |
|---|--------------------|----------------------------|-----------------------------|---|----------|---|--|
| 2. Last Name<br><b>Moldenhauer</b>  |                    | First Name<br><b>Nancy</b> |                             | Middle Name<br><b>A</b>   | Nickname | 3. Type of Committee (Check one)<br><input checked="" type="checkbox"/> Candidate's Principal Committee<br><input type="checkbox"/> Exploratory Committee |  |
| 4. Mailing Address (number and street, city, state, and ZIP code)<br><b>107 Kaye Lane</b>   |                    |                            |                             | 5. FAX (Optional)   |          | 6. E-mail Address (Optional)<br><b>nancyforvision@gmail.com</b>   |  |
| 7. City<br><b>Michigan City</b>   | State<br><b>IN</b> | ZIP Code<br><b>46360</b>   | 8. County<br><b>LaPorte</b> | 9. Telephone (Day)<br><b>(219) 210-7513</b>   |          | 10. Telephone (Evening)   |  |
| 11. Party Affiliation<br><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other |                    |                            |                             | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)<br><b>Michigan City Common Council Ward 6</b> |          |   |  |

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

|  |                    |                          |                              |  |  |   |  |
|--|--------------------|--------------------------|------------------------------|--|--|---|--|
| 13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name.<br><b>Committee to Elect Nancy Moldenhauer</b>   |                    |                          |                              |  |  |   |  |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.<br><b>P.O. Box 357</b>   |                    |                          |                              | 15. FAX (Optional)   |  | 16. E-mail Address (Optional)                                   |  |
| 17. City<br><b>Michigan City</b>   | State<br><b>IN</b> | ZIP Code<br><b>46361</b> | 18. County<br><b>LaPorte</b> | 19. Telephone<br><b>(219) 210-7991</b>   |  | 20. Committee Organization Date (mm/dd/yy)<br><b>03-22-2023</b> |  |
| 21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.<br><b>Susan Webster</b>                                  |                    |                          |                              |  |  |   |  |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.<br><b>2910 Wrobel Ave</b>  |                    |                          |                              | 23. FAX (Optional)   |  | 24. E-mail Address (Optional)                                   |  |
| 25. City<br><b>Michigan City</b>   | State<br><b>IN</b> | ZIP Code<br><b>46360</b> | 26. County<br><b>LaPorte</b> | 27. Telephone (Day)<br><b>(219) 871-9983</b>   |  | 28. Telephone (Evening)<br><b>(219) 871-9983</b>                |  |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)<br><b>First Trust Credit Union</b> |                    |                          |                              |  |  |   |  |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)  |                    |                          |                              | 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

|   |                    |                          |  |  |  |                               |  |
|---|--------------------|--------------------------|--|--|--|-------------------------------|--|
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.   |                    |                          | Person Appointed Treasurer<br><b>Anna S. Livesay</b> |  | Signature of the Committee Chairperson<br><b>Susan Webster</b> |                               |  |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.<br><b>Anna Sharlene Livesay</b> |                    |                          |  |  |  |                               |  |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.<br><b>P.O. Box 357</b>                              |                    |                          |  | 35. FAX (Optional)                           |  | 36. E-mail Address (Optional) |  |
| 37. City<br><b>Michigan City</b>  | State<br><b>IN</b> | ZIP Code<br><b>46361</b> | 38. County<br><b>LaPorte</b>                         | 39. Telephone (Day)<br><b>(219) 210-7991</b> |  | 40. Telephone (Evening)       |  |

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

|  |  |   |  |
|--|--|---|--|
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). |  | Signature of Person Accepting Appointment<br><b>Anna S. Livesay</b> |  |
|--|--|---|--|

**SECTION E. CERTIFICATION OF STATEMENT**

|   |   |                                     |   |  |
|---|---|-------------------------------------|---|--|
| We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. |   |                                     | <p><b>FOR OFFICE USE ONLY</b></p> <p><b>FILED</b></p> <p>IN CLERKS OFFICE</p> <p><b>MAR 27 2023</b></p> <p><b>Heaven Stevens</b></p> <p>CLERK OF LA PORTE CIRCUIT COURT</p> |  |
| 42. Typed or Printed Name of Chairperson<br><b>Susan Webster</b>  | Signature of Chairperson<br><b>Susan Webster</b>      | Date (mm/dd/yy)<br><b>3-27-2023</b> |   |  |
| 43. Typed or Printed Name of Candidate<br><b>Nancy A. Moldenhauer</b>   | Signature of Candidate<br><b>Nancy A. Moldenhauer</b> | Date (mm/dd/yy)<br><b>3-22-23</b>   |   |  |

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

## (CFA-4) Summary Sheet

| FILE NUMBER                        |
|------------------------------------|
| 46-23-19                           |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
|                                    |

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?  Yes  No

| COMMITTEE INFORMATION   |   |   |
|---|---|---|
| 1. Full Name of Committee (as on Statement of Organization)<br>Elect Nancy Moldenhauer  |   | <input type="checkbox"/> Check if this is a new name.   |
| 2. Acronym or Abbreviated Name (if any)<br>Nancy Moldenhauer  | 3. Committee Telephone Number<br>( 219 ) 210-7513 |   |
| 4. Mailing Address (Address where all campaign finance correspondence is received.)<br>P.O. Box 357   |   | <input type="checkbox"/> Check if this is a new address.  |
| 5. City, State, ZIP Code<br>Michigan City, IN 46360   | 6. Party Affiliation (if applicable)<br>Democrat  |   |
| CANDIDATE INFORMATION (For Candidate's Committees Only)   |   |   |
| 7. Full Name of Candidate (Include any nickname.)<br>Nancy Ann Moldenhauer  |   | 8. Party Affiliation or If Independent Candidate<br>Democrat                                      |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br>Common Council Ward 6  |   | 10. County of Residence<br>LaPorte  |
| TYPE OF REPORT  |   | CONVENTION CANDIDATES ONLY  |
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____<br><input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) |   | Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
| 12. Reporting Period (mm/dd/yy):<br>From: 04/08/2023 Through: 10/13/2023  |   | COLUMN A<br>This Period   |
| 13. Cash on hand and investments at the beginning of this reporting period.   |   | 0.00  |
| 14. Cash on hand and investments January 1, current year.   |   | 0.00  |
| 15. Add lines 13 and 14 in Column A and lines 13 and 14 in Column B.  |   |   |
| CONTRIBUTIONS AND RECEIPTS  |   |   |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)   |   |   |
| 15a. Itemized (Use Schedule A.)   | 4,975.00  | 4,975.00  |
| 15b. Unitemized   | 605.00  | 605.00  |
| 15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>   | 5,580.00  | 5,580.00  |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>   | 5,580.00  | 5,580.00  |
| EXPENDITURES  |   |   |
| (Note: These amounts include in-kind expenditures and loan repayments.)   |   |   |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  | 4,185.36  | 4,185.36  |
| 17b. Unitemized   | 34.10   | 34.10   |
| 17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>   | 4,219.46  | 4,219.46  |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>   | 1,360.54  | 1,360.54  |
| 19. Debts OWED BY the committee (Use Schedule D.)   |   |   |
| 20. Debts OWED TO the committee (Use Schedule E.)   |   |   |

| CERTIFICATION   |       |                             | FOR OFFICE USE ONLY  |
|---|-------|-----------------------------|--|
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.   |       |                             | <b>F I L E D</b><br>IN CLERKS OFFICE                         |
| Signature of Treasurer  | Title | Date (mm/dd/yy)             |  |
| Signature of Candidate (if applicable)<br><i>Nancy Moldenhauer</i>  |       | Date (mm/dd/yy)<br>10-15-23 | OCT 19 2023  |
| WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18) |       |                             |  |
|   |       |                             | CLERK OF LA PORTE CIRCUIT COURT<br><i>L. LaPorte Stevens</i> |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

|                           |
|---------------------------|
| <b>FILE NUMBER</b>        |
|                           |
| Page <u>1</u> of <u>3</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                 | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
|  |   |                                   |  | RECEIVED BY                        |
| 1. Lawrence Zimmer<br>110 Elmwood Drive<br>Michigan City, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$250.00                          |  | 09/16/2023<br><br>ActBlue          |
| 2. Sharon Carnes<br>PO Box 43<br>Beverly Shores, IN 46301<br><br>Contributor's Occupation <i>(if required)</i> _____             | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00                          |  | 09/17/2023<br><br>ActBlue          |
| 3. Maribeth O'Neil<br>312 Shorelance Drive<br>Michigan City, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00                          |  | 09/19/2023<br><br>ActBlue          |
| 4. Sabrina Haake<br>4241 NE 16th Terrace<br>Oakland Park, FL 33334<br><br>Contributor's Occupation <i>(if required)</i> _____    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00                          |  | 09/19/2023<br><br>ActBlue          |
| 5. Walt Breitinger<br>255 Park Ave<br>Valparaiso, IN 46383<br><br>Contributor's Occupation <i>(if required)</i> _____            | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$550.00                          |  | 05/4/23 & 10/2/23<br><br>Treasurer |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>  |   | <b>\$ 1,100.00</b>                |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>          |   | <b>\$</b>                         |  |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

|                           |
|---------------------------|
| <b>FILE NUMBER</b>        |
| Page <u>2</u> of <u>3</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>               | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
|  |   |                                   |  | RECEIVED BY                        |
| 1. Anna S. Livesay<br>107 Kaye Lane<br>Michigan City, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$500.00                          |  | 06/28/2023<br><br>Treasurer        |
| 2. Nancy A. Moldenhauer<br>107 Kaye Lane<br>Michigan City, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$500.00                          |  | 06/28/2023<br><br>Treasurer        |
| 3. Angie for MC Committee<br>PO Box 8754<br>Michigan City, IN 46361<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$250.00                          |  | 09/08/2023<br><br>Treasurer        |
| 4. Eugene Simmons<br>1709 Johnrue Ave<br>Michigan City, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$300.00                          |  | 09/17/2023<br><br>Treasurer        |
| 5. Andrew Kubik<br>2740 Floral Trail<br>Michigan City, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$300.00                          |  | 09/17/2023<br><br>Treasurer        |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>  |   | <b>\$ 1,850.00</b>                |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>        |   | <b>\$</b>                         |  |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

|                              |
|------------------------------|
| <b>FILE NUMBER</b>           |
|                              |
| Page <u>3</u> of <u>    </u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                 | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
|  |   |                                   |  | RECEIVED BY                        |
| 1. JoAnn Engquist<br>3001 Maple St.<br>Michigan City, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 09/17/2023                         |
|  |   |                                   |  | Treasurer                          |
| 2. Patricia Boy<br>218 Southwood Dr<br>Michigan City, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 09/17/2023                         |
|  |   |                                   |  | Treasurer                          |
| 3. David Littell<br>2520 Oriole Trl<br>Michigan City, IN 46361<br><br>Contributor's Occupation <i>(if required)</i> _____        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 09/17/2023                         |
|  |   |                                   |  | Treasurer                          |
| 4. Cathie Houchins<br>7494 Peach Tree Lane<br>Michigan City, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$200.00                          |  | 09/17/2023                         |
|  |   |                                   |  | Treasurer                          |
| 5. Ted Rierson<br>3015 Moore Road<br>Michigan City, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____          | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 09/17/2023                         |
|  |   |                                   |  | Treasurer                          |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>  |   | \$ 600.00                         |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>          |   | \$                                |  |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

|                           |
|---------------------------|
| <b>FILE NUMBER</b>        |
|                           |
| Page <u>4</u> of <u>4</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>             | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
|  |   |                                   |  | RECEIVED BY                        |
| 1. Denise Conlon<br>133 Shorewood<br>Michigan City, IN 46360<br><br><i>Contributor's Occupation (if required)</i> _____      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 09/22/2023                         |
|  |   |                                   |  | Treasurer                          |
| 2. Laurel Shelton<br>1115 Ohio St.<br>Michigan City, IN 46360<br><br><i>Contributor's Occupation (if required)</i> _____     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$150.00                          |  | 09/22/2023                         |
|  |   |                                   |  | Treasurer                          |
| 3. Joyce Collins<br>Michigan City, IN 46361<br><br><i>Contributor's Occupation (if required)</i> _____                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 09/26/2023                         |
|  |   |                                   |  | Treasurer                          |
| 4. Christopher Disher<br>154 Cattail Lane<br>Valparaiso, IN 46383<br><br><i>Contributor's Occupation (if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 09/17/2023                         |
|  |   |                                   |  | Treasurer                          |
| 5. Vernon Beck<br>673 W 250 S.<br>Hebron, IN 46341<br><br><i>Contributor's Occupation (if required)</i> _____                | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 09/09/2023                         |
|  |   |                                   |  | Treasurer                          |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>  |   | <b>\$ 550.00</b>                  |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>      |   | <b>\$ 4,100.00</b>                |  |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17/8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All transfers-in and in-kind contributions **regardless of amount** from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (*over \$200 if regular party committee*).

|                                   |
|-----------------------------------|
| <b>FILE NUMBER</b>                |
|                                   |
| Page <u>  1  </u> of <u>  1  </u> |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
|   |   |                                |                                     | RECEIVED BY                        |
| 1. LaPorte Democratic Civic Club<br>PO Box 183<br>LaPorte IN  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$300.00                       |                                     | 09/22/2022                         |
|   |   |                                |                                     | Treasurer                          |
| 2. LaPorte County Democratic Central Committee<br>Laporte County Fairgrounds<br>LaPorte IN                              | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$375.00                       |                                     | 10/02/2023                         |
|   |   |                                |                                     | Treasurer                          |
| 3.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            |                                |                                     |                                    |
| 4.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            |                                |                                     |                                    |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            |                                |                                     |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$                             |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$                             |                                     |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totalled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

**FILE NUMBER**

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code <u>A</u><br>Union Sign & Printing<br>1 S. Eastern Ave<br>Joliet, IL 60433  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$840.00                          |  | 06/30/2023                                  |
| Code <u>F</u><br>US Postal Service<br>303 Washington Blvd<br>Michigan City, IN 46360                                    |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$158.40                          |  | 09/05/2023                                  |
| Code <u>A</u><br>The Beacher<br>911 Franklin Street<br>Michigan City, IN 46360  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$122.93                          |  | 09/22/2023                                  |
| Code <u>A</u><br>LaPorte County Herald Dispatch<br>422 Franklin Ave<br>Michigan City, IN 46360                          |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$1,512.00                        |  | 10/10/2023                                  |
| Code <u>A</u><br>The Beacher<br>911 Franklin Street<br>Michigan City, IN 46360  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$635.00                          |  | 10/12/2023                                  |
| Code <u>A</u><br>Union Sign & Printing<br>1 S. Eastern<br>Joliet, IL 60433  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$635.00                          |  | 10/12/2023                                  |
| Code <u>A</u><br>Paul Schreiber<br>5123 N. College Ave<br>Indianapolis, IN 46305  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$940.43                          |  | 10/13/2023                                  |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 4,185.36                       |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$ 4,185.36                       |  |   |





**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

**(CFA-11)**

State Form 48492 (R7 / 8-23)  
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

FILE NUMBER

46-23-19  
TOTAL PAGES IN ENTIRE CFA-11  
REPORT

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?  Yes  No

**COMMITTEE INFORMATION**

|  |                    |  |   |
|--|--------------------|--|---|
| 1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name.<br><b>Nancy Ann Moldenhauer</b>  |                    | 2. Committee Telephone Number<br>(219 ) 210-7513 |   |
| 3. Mailing Address (Address where all campaign finance correspondence is received.) <input checked="" type="checkbox"/> Check if this is a new address.<br><b>107 Kaye Laned</b> |                    |  |   |
| 4. City<br><b>Michigan City</b>  | State<br><b>IN</b> | ZIP Code<br><b>46360</b>                         | 5. Party Affiliation or If Independent Candidate<br><b>Democrat</b> |
| 6. Office Sought (Include district number, if any. Not required for exploratory committee.)<br><b>Common Council Ward 6</b>  |                    | 7. County of Residence<br><b>LaPorte</b>         |   |
| 8. Reporting Period (mm/dd/yy):<br>From: <b>10/14/2023</b> Through: <b>11/05/2023</b>  |                    |  |   |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT OF<br>CONTRIBUTION | DATE RECEIVED &<br>ACCEPTED<br>(mm/dd/yy)<br>RECEIVED BY |
|---|---|---------------------------------------|--|
| Classification 1.<br><br><b>McKinley Design LTD<br/>3518 W. Altgeld<br/>Chicago, IL 60647-1231</b>        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | <b>1000.00</b>                        | <b>10/18/2023</b>  |
| Contributor's Occupation (if applicable)  |   |                                       |  |
| Classification 2.<br><br>   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)            |                                       |  |
| Contributor's Occupation (if applicable)  |   |                                       |  |
| Classification 3.<br><br>   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)            |                                       |  |
| Contributor's Occupation (if applicable)  |   |                                       |  |

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|  |                           |                                      |
|--|---------------------------|--------------------------------------|
| Signature of Treasurer<br><b>Anne S. Jwig</b>                          | Title<br><b>Treasurer</b> | Date (mm/dd/yy)<br><b>10/19/2023</b> |
| Signature of Candidate (if applicable)<br><b>Nancy Ann Moldenhauer</b> |                           | Date (mm/dd/yy)<br><b>10/19/2023</b> |

**FOR OFFICE USE ONLY**

**FILED  
IN CLERKS OFFICE**

**OCT 19 2023**

**Heaven Stevens  
CLERK OF LA PORTE CIRCUIT COURT**

**Warning:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

FILE NUMBER

46-23-19

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?  Yes  No

### COMMITTEE INFORMATION

|   |   |   |
|---|---|---|
| 1. Full Name of Committee (as on Statement of Organization)<br>Elect Nancy Moldenhauer              |   | <input type="checkbox"/> Check if this is a new name.               |
| 2. Acronym or Abbreviated Name (if any)<br>Nancy Moldenhauer  | 3. Committee Telephone Number<br>( 219 ) 210-7513 |   |
| 4. Mailing Address (Address where all campaign finance correspondence is received.)<br>P.O. Box 357 |   | <input checked="" type="checkbox"/> Check if this is a new address. |
| 5. City, State, ZIP Code<br>Michigan City, IN 46361   | 6. Party Affiliation (if applicable)<br>Democrat  |   |

### CANDIDATE INFORMATION (For Candidate's Committees Only)

|  |  |
|--|--|
| 7. Full Name of Candidate (Include any nickname.)<br>Nancy Ann Moldenhauer   | 8. Party Affiliation or If Independent Candidate<br>Democrat |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br>Common Council Ward 6 | 10. County of Residence<br>LaPorte                           |

### TYPE OF REPORT

11. Check one:

Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_

Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

### CONVENTION CANDIDATES ONLY

Check one:

Pre-Convention

Post-Convention

| 12. Reporting Period (mm/dd/yy):<br>From: 10/14/2023 Through: 12/31/2023    | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
|---|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | 1,360.54                |                          |
| 14. Cash on hand and investments January 1, current year.                   |                         | 1,360.54                 |

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

|   | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
|---|-------------------------|--------------------------|
| 15a. Itemized (Use Schedule A.)   | 1,550.00                | 6,525.00                 |
| 15b. Unitemized   | 50.00                   | 655.00                   |
| 15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>                         | 1,600.00                | 7,180.00                 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b> | 4,560.54                | 8,540.54                 |

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

|   | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
|---|-------------------------|--------------------------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  | 2,246.48                | 6,431.84                 |
| 17b. Unitemized   | 72.28                   | 106.38                   |
| 17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>   | 2,318.16                | 6,537.62                 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b> | 2,242.38                | 2,242.38                 |
| 19. Debts OWED BY the committee (Use Schedule D.)   | 0.00                    |                          |
| 20. Debts OWED TO the committee (Use Schedule E.)   | 0.00                    |                          |

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|   |                    |                               |
|---|--------------------|-------------------------------|
| Signature of Treasurer<br><i>Anne S. Juy</i>                          | Title<br>Treasurer | Date (mm/dd/yy)<br>01/10/2024 |
| Signature of Candidate (if applicable)<br><i>Nancy A. Moldenhauer</i> |                    | Date (mm/dd/yy)<br>01/10/2024 |

### FOR OFFICE USE ONLY

FILED  
IN CLERKS OFFICE

JAN 11 2024

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

*Leaon Stevens*  
CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17/8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| FILE NUMBER               |  |
|---------------------------|--|
|                           |  |
| Page <u>1</u> of <u>2</u> |  |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>         | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
|  |   |                                   |  | RECEIVED BY                        |
| 1. Andrew S. Kubik<br>2740 Floral Trl<br>Long Beach, IN 46360<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$300.00                          | \$600.00                               | 10/20/2023<br><br>N. Moldenhauer   |
| 2. Jurate Landwehr<br>P.O. Box 308<br>New Buffalo, MI 49117<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$250.00                          | \$250.00                               | 11/2/2023<br><br>ActBlue           |
| 3.<br><br>Contributor's Occupation <i>(if required)</i> _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |                                    |
| 4.<br><br>Contributor's Occupation <i>(if required)</i> _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |                                    |
| 5.<br><br>Contributor's Occupation <i>(if required)</i> _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>  |   | \$ 300.00                         |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>  |   | \$ 550.00                         |  |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| FILE NUMBER               |  |
|---------------------------|--|
|                           |  |
| Page <u>2</u> of <u>2</u> |  |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
|   |   |                                |                                     | RECEIVED BY                        |
| 1. McKinley Design Ltd<br>3518 W. Altgeld St<br>Chicago, IL 6047-1231   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$1,000.00                     | \$1,000.00                          | 10/18/2023                         |
| 2.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            |                                |                                     |                                    |
| 3.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            |                                |                                     |                                    |
| 4.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            |                                |                                     |                                    |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            |                                |                                     |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 1,000.00                    |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$ 1,550.00                    |                                     |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

**FILE NUMBER**

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION<br><i>OFFICE SOUGHT (if applicable)</i> | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--|---|-----------------------------------|--|---|
| Code <u>A</u><br>The Beacher<br>911 Franklin Street<br>Michigan City, IN 46360  |  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$258.32                          | \$1,016.25                             | 10/26 10/30 23                              |
| Code <u>F</u><br>US Postal Service<br>303 Washington Blvd<br>Michigan City, IN 46360                                    |  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$539.54                          | \$697.94                               | 10/26 10/27 23                              |
| Code <u>A</u><br>Gerard Media LLC<br>685 East 1675 North<br>Michigan City, IN 46360                                     |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | \$1,318.50                        | \$1,318.50                             | 10/16 11/7 23                               |
| Code <u>A</u><br>Paul Schreiber<br>5123 N. College Ave<br>Indianapolis, IN 46305  |  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$130.12                          | \$1,070.43                             | 11/16/2023                                  |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |  |   | \$ 2,246.48                       |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |  |   | \$ 2,246.48                       |  |   |