



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
 State Form 4604 (R15 / 5-19)
 Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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

										FILE NUMBER	
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →										46-24-15	
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
2. Last Name MOLLENHAUER		First Name MICHAEL		Middle Name FRANCIS		Nickname MIKE		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee			
4. Mailing Address (number and street, city, state, and ZIP code) 1510 Michigan Avenue						5. FAX (Optional) ()		6. E-mail Address (Optional)			
7. City LA PORTE		State IN	ZIP Code 46350		8. County LA PORTE		9. Telephone (Day) 219 608-5456		10. Telephone (Evening) 219 608-5456		
11. Party Affiliation <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.) LA PORTE COUNTY COUNCIL AT-LARGE					
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. MIKE MOLLENHAUER FOR COUNTY COUNCIL											
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1510 Michigan Avenue						15. FAX (Optional) ()		16. E-mail Address (Optional)			
17. City LA PORTE		State IN	ZIP Code 46350		18. County LA PORTE		19. Telephone 219 608-5456		20. Committee Organization Date (mm/dd/yy) 02-08-2024		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. MICHAEL FRANCIS MOLLENHAUER											
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1510 Michigan Avenue						23. FAX (Optional) ()		24. E-mail Address (Optional)			
25. City LA PORTE		State IN	ZIP Code 46350		26. County LA PORTE		27. Telephone (Day) 219 608-5456		28. Telephone (Evening) 219 608-5456		
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.) LA PORTE COMMUNITY FEDERAL CREDIT UNION											
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A						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 checked="" 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. MICHAEL F. MOLLENHAUER						Person Appointed Treasurer		Signature of the Committee Chairperson Michael F. Mollenhauer			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. MICHAEL FRANCIS MOLLENHAUER											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1510 Michigan Avenue						35. FAX (Optional) ()		36. E-mail Address (Optional)			
37. City LA PORTE		State IN	ZIP Code 46350		38. County LA PORTE		39. Telephone (Day) 219 608-5456		40. Telephone (Evening) 219 608-5456		
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 Michael F. Mollenhauer					
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.											
42. Typed or Printed Name of Chairperson MICHAEL F. MOLLENHAUER				Signature of Chairperson Michael F. Mollenhauer				Date (mm/dd/yy) 02-14-24			
43. Typed or Printed Name of Candidate MICHAEL F. MOLLENHAUER				Signature of Candidate Michael F. Mollenhauer				Date (mm/dd/yy) 02-14-24			
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).											
										FOR OFFICE USE ONLY IN CLERKS OFFICE FEB 14 2024 Leanna Stevens CLERK OF LA PORTE CIRCUIT COURT	



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

State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

FILE NUMBER
40-24-15
TOTAL PAGES IN ENTIRE CFA-4 REPORT
2 of 2

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) <input type="checkbox"/> Check if this is a new name. MIKE MOLLENHAUER FOR COUNTY COUNCIL	
2. Acronym or Abbreviated Name (if any) MIKE	3. Committee Telephone Number (219) 608-5456
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 1510 MICHIGAN AVENUE,	
5. City, State, ZIP Code LA PORTE, INDIANA 46350	6. Party Affiliation (if applicable) DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) MICHAEL (MIKE) FRANCIS MOLLENHAUER	8. Party Affiliation or If Independent Candidate DEMOCRATIC
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LA PORTE COUNTY COUNCIL AT-LARGE	10. County of Residence LA PORTE

TYPE OF REPORT **CONVENTION CANDIDATES ONLY**

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <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: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
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12. Reporting Period (mm/dd/yy): From: 01-01-24 Through: 04-12-24	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		0

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	150.00	150.00
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL	150.00	150.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	150.00	150.00

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0	0
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. SUBTOTAL	0	0
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	150.00	150.00
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

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.			FILED CLERKS OFFICE
Signature of Treasurer Michael F. Mollenhauer	Title CANDIDATE	Date (mm/dd/yy) 04-17-24	
Signature of Candidate (if applicable) Michael F. Mollenhauer		Date (mm/dd/yy) 04-17-24	APR 17 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)			

Heaven Stevens
CLERK OF LA PORTE CIRCUIT COURT



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OF A POLITICAL COMMITTEE**
State Form 4606 (R15 / 5-19)
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>2</u> of <u>2</u>	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. MICHAEL F. MOLLENHAUER 1510 MICHIGAN AVE. LAPORTE, IN. 46350 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	100.00	100.00	02-14-24 MIKE MOLLENHAUER
2. MICHAEL F. MOLLENHAUER 1510 MICHIGAN AVE. LAPORTE, IN. 46350 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	50.00	150.00	02-16-24 MIKE MOLLENHAUER
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 150.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 150.00		

FILED
IN CLERKS OFFICE
APR 17 2024
Klaorn Stevens
CLERK OF LA PORTE CIRCUIT COURT