

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 ent	er the file n	umbei	r in this ho		412-211-15
SECTION A . CANDIDATE I	_ NEOF	RMATION: FILL	in all anni	icable bei	(00 00	fully and	/	70 29 10
2. Last Name	Fin	st Name	Middle	Name	(es as	nomy amo Nickname	accura	3. Type of Committee (Check one)
MOLLENHAUER) 2	MichAEL	to	ancis		Mike	_	Candidate's Principal Committee
4. Mailing Address (number and street, city, sta			· //~			11/100		☐ Exploratory Committee
1510 Michiga) N	AVENUE		5. FAX (Op	tional)		6. E-mail	Address (Optional)
	State IN	46350	8. County	2TE	9. Tele	phone (Day)	5456	10. Telephone (Evening) 219,608-5456
11. Party Affiliation			12	Office Sough	it (include	e district numb	er, if_any. I	Not required for an exploratory committee
Democratic Libertarian Republic	can 🔲	Other	/	A +hP		「んひんしてん」	1 700	NOW HELDER
SECTION B. COMMITTEE II 13. Full Name of Committee (Do not abbre	NFOR	RMATION: Fill	in all appl	cable box	es as	fully and	accura	tely as possible.
MIIKE MOLL	ϵ_{M}	HAUER	FOR (PRUBE		Counc	iL	
14. Mailing Address (number and street, city, st 15/0 Michiga			this is a new a	idress. 15. FA	X (Òptio	onal)	16. E-mai	il Address (Optional)
LA PORTE	tate.	ZIP Code 46350	18. County	T€	19. Tele	ephone	456	20. Committee Organization Date (mm/dd/yr) 02 -08 -202 K
21. Chairperson's Full Name Design		ndidate as Chairperson		f this is a new	11 "		<u> </u>	
22. Mailing Address (number and street, city, st		, ,	this is a new ac		Y (Onto		84 C	1111
1510 Michigh	<u> </u>	AVENUE	<u> </u>	()		24, E-mai	l Address (Optional)
LA PORTE		21P Code 46350	LA POR			phone (Day)		28. Telephone (Evening) (219 608 5456
	Mu	MITY FE	JEKA	- CR.	nds, hold		nts safety o	deposit boxes or maintains funds.)
30. Exploratory Committee (Give brief stateme				reimburser	es and Ro ment for k	elmbursement ost wages? If \	s (Will the 'es, attach	committee pay the candidate a salary or a copy of the contract.) Yes No
SECTION C. APPOINTMENT	r OF .	TREASURER (IC 3-9-1-14	•)				
32. I, as Chairperson of the committee, appoint the following Treasurer of the Committee.	forego person	oing Person Appoin	ted Treasurer ELF、N	JOLLEN	lhau	Signature	of the Con	mmittee Chairpersph D. Wollenhauer
33. Treasurer's Full Name Designate Michael FRA		^	Check if this is	a new treasure	er,			
34. Mailing Address (number and street, city, sta		Pode Checkif	this is a new ad	iress. 35. FA	X (Option	18 <i>l</i>)	36. E-mail	Address (Optional)
37. City) S	ate	ZIP Code	38. County	TE.	39. Telej	phone (Day)	(56	40. Telephone (Evening) 219, 608-545 (4
SECTION D. ACCEPTANCE	OF A					400		217/008-3134
41. I give notice that I accept the	dutie	s and responsibi	lities of Trea	surer of th	nis Siar	nature of Pe	son Acc	ecting Appointment
Committee. I am not the chairpers	son of	a campaign fina	nce committ	ee (except	as M	/·	1	2 1 7 / · ·
permitted for a candidate committee SECTION E. CERTIFICATION					11/1	unail c	4.00	plustane
We certify as the candidate and t			irnerson of	the Commi	ttoo an	d that we	Taylor 7	- FOR OFFICE THREE THREE THREE
examined this statement. To the best	of our	r knowledge and b	elief it is true	, correct an	d comp	lete.	"ave '	IN CLERKS OFFICE
42. Typed or Printed Name of Chairpe	erson	Signature of d	hairperson	Pellens		ate (mm/dd/yy)	2 V	
43. Typed or Printed Name of Candid	ate	Signature of C	andidate	611	· I	ate (mm/dd/yy)	2	FEB 1 4 2024
Warning: State law requires that any chan	ge in th	nis information be repo	orted within the	(10) days of	the char	0274-	(O) A	Lleanu Stevens
person who knowingly files a fraudulent repr accurate report as required by the Indiana of subject to civil penalties (IC 3-9-4-16, IC 3-9-	ort com: Campaig	mits a Level 6 D felor gn Finance Law com	IV (IC 3-14-1-1:	A person w	ho fails t	o file a comple	te of	CIERK OF LA PORTE CIRCUIT COURT



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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

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

(CFA-4) Summary Sheet

FILE NUMBER
40-24-15
TOTAL PAGES IN ENTIRE CFA-4 REPORT
2052

COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name. MIKE NOLLENDAUER FOR COUNTY COUNCIL						
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Number				
		nis is a new address.				
5. City, State, ZIP Code LA PORTE, INDIANA 46350		y Affiliation (if applicable)				
CANDIDATE INFORMATION (For Candidate's (<u> </u>					
7. Full Name of Candidate (Include any nickname.) Nichae L (MiKE) FRANCIS NOLLENHAUER	8 Party	y Affiliation or If Independence	ent Candidate			
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LAPORTE COUNTY COUNCIL AT-LARGE	10. Co	unty of Residence 4 PORTE				
TYPE OF REPORT		CONVENTION	ON CANDIDATES ONLY			
11. Check one:		Check one:				
Pre-Primary Pre-Election Annual Nomination Other		Pre-Cor	vention			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	atement of Org	ganization.) Post-Co	nvention			
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B			
From: 01-01-24 Through: 04-12-24		This Period	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		1				
15c. Add lines 15a and 15b in both columns.	TOTAL	150.06	150.00			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	150.06	150.06			
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		O	O			
17c. Add lines 17a and 17b in both columns.	BTOTAL	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.)		6				
CERTIFICATION			FOR OFFICE USE ONLY			
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, COR					
Signature of Treasurer Pullulauw Title CANCIDATE		Date (man (red to a) 18th	LERKS OFFICE			
Signature of Candidate (if applicable)	4	Date (mm/dd/yy) 94.17-24	DR 1 7 2024			
WARNING: Any information contained in this eport may not be copied for sale or used for any commercial purpose files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accur Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-8)	ate report a	s required by the Indiana				
	·		LADU STUNS LA PORTE CIRCUIT COURT			



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	೩	_ _{of_}			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
Michael F.	Contributions: Direct In-Kind (describe)	/ma 66	100.00	02-14-24
MICHAEL F. MOLLEN HOUER 1510 MICHIGAN AVE. LAPORTE IN. 46350 Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)		/ 00.00	02-14-24 MIKE NOLLENDAUS
Michael F. Mollenhauer	Contributions: Direct In-Kind (describe) Other Receipts:	5000	150 bs	02-16-24
1510 MICHIGAN AVE. LAPORTE, IN. 46350 Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)	J <i>D</i>	/50.20	02-16-24 MIKE WENDSUEN
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
Contributorile Convention (if conviced)	Other Receipts: Interest Loan Miscellaneous (specify)		LEI	5 7
Contributor's Occupation (if required) 5.	Contributions: Direct In-Kind (describe)		PR 1 7 2024	
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	CIERK	JEAON STORM OF LA PORTE CIRCUIT	COURT
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 150.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 150.00		



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

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

(CFA-4) Summary Sheet

FILE NUMBER

46-24-15

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4 8 F 4

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new remarks MIKE MOLLENDAUER FOR COUNTY COUNTY	name.	н	•
2. Acronym or Abbreviated Name (if any)		e Telephone Number	· · · · · · · · · · · · · · · · · · ·
MIKE	(-2/9)	608-54	54
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check If this is	a new address.	1
5. City. State ZIP Code	6. Party Affili	iation (if applicable)	
LA PORTE, INDIANA, 46350	DEMO	CRAT	<u> </u>
CANDIDATE INFORMATION (For Candidate's Can	ommittees C	Only)	
7. Full Name of Candidate (Include any nickname.)	8. Party Affili	ation or If Independer	nt Candidate
MICHAEL (MIKE) FRANCIS MOLLENDAUER	DEMO	CRAT	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County o		
LA PORTE COUNTY COUNCIL AT-LARGE	LA PO	RTE	* *.
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other	4	🔲 Pre-Conv	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Outgoing Treasurer (Within ten (10) days amend State	ament of Organizatio	on.) Dost-Con	vention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 04-13-24 Through: 10-11-24		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		150.00	
14. Cash on hand and investments January 1, current year.			150.00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		1	
15a. Itemized (Use Schedule A.)	5	1,100.00	5,100.00
15b. Unitemized			
15c. Add lines 15a and 15b in both columns. SUBT	OTAL S	7,100.00	5,100.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL 5	,250.00	5,250.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		!	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	4	1638.03	4,638.03
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	TOTAL 4	4,638.03	4,638.03
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	611.97	611.97
19. Debts OWED BY the committee (Use Schedule D.)		6	
20. Debts OWED TO the committee (Use Schedule E.)		В	
CERTIFICATION		F.	OR OFFICE USE ONLY

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 Date (mm/dd/yy) Distance Pullendana CANCICATE Date (mm/dd/yy) 10-16-24						
Signature of Candidate (if applicable) Date (mm/dd/yy) 10-16-24						
WARNING: Any information contained in this report may not be copied files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A p Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14)	for sale or used for any commercial purpose. (IC 3-9- erson who fails to file a complete or accurate repo	t as required by the Indiana				





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 _	્ર	of <u>4</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
" S. Kusmyna SkwiAT MARQUISS ELECTRIC	Contributions: Direct In-Kind (describe)	\$.750.00		07-15-24
MichigAN CITY, IN. 46360	Other Receipts: Interest Loan Miscellaneous (specify)			MIKE MOLLENAGUE
Contributor's Occupation (Il required) 2 ANDREW E. SKWIAT MARQUISS ELECTRIC	Contributions: Direct In-Kind (describe)	\$ 750.00		01-18-24
0564 S. WOZNIAK Rd., LA PORTE, IN. 46356	Other Receipts: Interest Loan Miscellaneous (specify)			MIKE MOLLENHALLER
Contributor's Occupation (Il required) MICHAEL F. MOLLENHAUER LAPORTE Co. GONT.	Contributions: Direct In-Kind (describe)	#3,000.00		07-22-24
1510 Michigan AVE., LAPORTE, IN. 46350	Other Receipts: Interest Loan Miscellaneous (specify)			Mike Nollenbauer
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	,		
Contributor's Occupation (if required) 5.	Contributions: Direct In-Kind (describe)	7	Rone C	ounty
	Other Receipts: Interest Loan Miscellaneous (specify)		OCT 1	tion bard
Contributor's Occupation (if required)	HIS BACE OF COURSES	. 115-20		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 4,500.00 \$		



State Form 4606 (R15 / 5-19) 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	of			

CONTRIBUTOR'S FULL NAME AND 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.	Contributions: Direct In-Kind (describe) Other Receipts:	PERROD		
	Interest Loan Miscellaneous (specify)			
2	Contributions: Direct In-Kind (describe)			, ,
	Other Receipts: Interest Loan Miscelleneous (specify)			
3.	Contributions: Direct tn-Kind (describe)			,
	Other Receipts: Interest Loan Miscellaneous (specify)	, se		
4	Contributions: Direct In-Kind (describe)	٠, •		
	Other Receipts: Interest Loan Miscellaneous (specify)	-		
5.	Contributions: Direct In-Kind (describe)	1.	A Receiv	ray od
	Other Receipts: Interest Loan Miscellaneous (specify)		CI 16 Electi Bos	on B
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$		
	# 15e of the Summery Sheet)	\$		



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

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations 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	of			

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.		Contributions: Direct			
		☐ In-Kind (describe)	[
	·	Other Receipts:			
1		Interest Loan Miscellaneous (specify)			•
2.		Contributions:			
		Direct			
	·	n-Kind (describe)			
		Other Receipts:			
		☐ Interest ☐ Loan			
		Miscellaneous (specify)			
3.		Contributions:			
		In-Kind (describe)			
					' I
		Other Receipts:			
		Miscellaneous (specify)	•		
4.		Contributions:			
		Direct			
		n-Kind (describe)			
		Other Receipts:	-		
		Interest Loan			
		Miscellaneous (specify)			
5.	.	Contributions:			
•		Direct		. Cotte Co	unty
		☐ In-Kind (describe)		Receive Co	ed \
		Other Receipts:		1 10	- ton
		Interest Loan		\ FIE	tion (5
		Miscellaneous (specify)		一日	oard
		HIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		



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

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees 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 political action 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).

	FILE	NUMBE	R	
-			_	
Page _	1	of		-

CONTRIBUTOR'S FULL NAME AND 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.	Contributions: Direct In-Kind (describe)	-	1	
	Other Receipts: Interest Loan Miscellaneous (specify)			2 J. mg
2	Contributions: Direct In-Kind (describe)	1		24 ()
, and the second	Other Receipta: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			•
,	Other Receipts: Interest Loan Miscellaneous (specify)			-
•	Contributions: Direct In-Kind (describe)			•
	Other Receipts: Interest Loan Miscellaneous (specify)		re County	-
5.	Contributions: Direct In-Kind (describe) Other Receipts:		Received OCT 16 2024 OCT 16 2024 Election Board	
	Interest Loan Miscellaneous (specify)	100 100	Boar	4
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15e of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) 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 contribution, within a calendar year MIJST 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 MIJST 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, MIJST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBER	
	,		
Page _	3	of 4	

CONTRIBUTOR'S FULL NAME AND 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
LA PORTE DEMOCRATIC Civic CLORD	Contributions: Direct In-Kind (describe)	\$ 600.00		08-12-24
P.O. BOX 183, LA PORTE, IN. 46350	Other Receipts: Interest Loan Miscellaneous (specify)		, .	Mike Mollenhaus
2.	Contributions: Direct + In-Kind (describe)		• •	·
	Other Receipts: Interest Loan Miscellaneous (specify)	•	-	-
3.	Contributions: - Direct In-Kind (describe)	1	,	
	Other Receipts: Interest Loan Miscellaneous (specify)	,	° 1	
4.	Contributions: Direct In-Kind (describe)		à .°	,
•	Other Receipts: Interest Loan Miscellaneous (specify)		,	. ,
s .	Contributions: Direct In-Kind (describe)	•	Received 007 1 6 2024	
	Other Receipts: Interest Loan Miscellaneous (specify)		Election Board	45
	HIS PAGE OF SCHEDULE A	\$ 600,00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 5100.00		



State Form 4606 (R15 / 5-19) 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 trensfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page _	4_ of	4		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (minidd yy)
Buy Cool Promotions Beeg Samuelson 623 STATE ST., LAPORTE, IN. 46350	Signage LP. Co. Councic	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2,632.2	,	08-28-24
LA PORTE COUNTY DEMOCRATIC CENTRAL COMMITTEE CORRU CAMPDELL-TRES.	ASSESSMENT LP. Co. Conneil	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	\$250.00		09-06-24
ACME PRINT. 1620 E. SUMMITST. CROWN POINT, IN. 46307	PRINTING LP. Co. Council	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	186.83		09-19:24
Code	SigNAGE LP.Co. Council	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1,575.00		9-20-24
Code	. [.	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		-	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		Sorte Co	ounty
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	•	Pecel OCT 1	2004 ction oard
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		



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

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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		PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public	c Question.		<u> </u>			
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Type of Question:	C Statewide	Local			k .	
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Position: Su	pported	30d				
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		(Enter total on ITEM 17a of ti		\$		



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

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, <u>regardless of the amount</u>, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page	of	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	, AMOUNT	DATE DEBT INCURRED (mm/dd'yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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TOTAL OF ALL PAGES OF SCHEDULE O ON THE LAST PAGE ONLY					\$



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER S NAME AND MAILING ADDRESS (street. number, city, state, ZIP code)	CO-SIGNER S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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