



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

State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

460-25-30

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <i>COMMITTEE TO ELECT MIKE MOLLENHAUER CO. COUNCIL</i>	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) <i>MIKE</i>	3. Committee Telephone Number <i>(219) 608-5454</i>
4. Mailing Address (Address where all campaign finance correspondence is received) <i>1510 Michigan Avenue,</i>	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code <i>LA PORTE, IN. 46350</i>	6. Party Affiliation (if applicable) <i>DEMOCRAT</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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.)	CONVENTION CANDIDATES ONLY <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: <i>01-01-2025</i> Through: <i>02-28-2025</i>	COLUMN A This Period <i>25.00</i>	COLUMN B Year to Date <i>25.00</i>
13. Cash on hand and investments at the beginning of this reporting period.	<i>25.00</i>	
14. Cash on hand and investments January 1, current year.	<i>25.00</i>	

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	<i>25.00</i>	<i>25.00</i>
15b. Unitemized	<i>0</i>	<i>0</i>
15c. Add lines 15a and 15b in both columns.	SUBTOTAL <i>25.00</i>	25.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL <i>25.00</i>	25.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>0</i>	<i>0</i>
17b. Unitemized	<i>0</i>	<i>0</i>
17c. Add lines 17a and 17b in both columns.	SUBTOTAL <i>0</i>	0
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL <i>25.00</i>	<i>25.00</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>0</i>	<i>0</i>
20. Debts OWED TO the committee (Use Schedule E.)	<i>0</i>	<i>0</i>

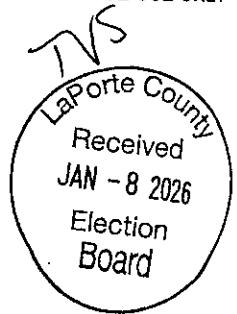
CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.
If a Treasurer of a PAC: I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution. (please check box)

Signature of Treasurer <i>Michael J. Mollenhauer</i>	Title <i>CANDIDATE</i>	Date (mm/dd/yy) <i>01-08-24</i>
Signature of Candidate (if applicable) <i>Michael J. Mollenhauer</i>		Date (mm/dd/yy) <i>01-08-24</i>

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)

FOR OFFICE USE ONLY





**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. →

46-25-30

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
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4. Mailing Address (number and street, city, state, and ZIP code) 1510 Michigan AVENUE	5. FAX (Optional) ()	6. E-mail Address (Optional) ()
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7. City LA PORTE	State IN	ZIP Code 46350	8. County LA PORTE	9. Telephone (Day) 219,608-5456	10. Telephone (Evening) Same
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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 CO. COUNCIL AT-LARGE
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SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) COMMITTEE TO ELECT MIKE MOLLENHAUER	<input type="checkbox"/> Check if this is a new name.	14. Mailing Address (number and street, city, state, and ZIP code) 1510 Michigan AVENUE	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional) ()
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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) 07-09-2025
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21. Chairperson's Full Name MICHAEL FRANCIS MOLLENHAUER	<input type="checkbox"/> Designate Candidate as Chairperson.	<input type="checkbox"/> Check if this is a new chairperson.
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22. Mailing Address (number and street, city, state, and ZIP code) 1510 Michigan AVENUE	<input type="checkbox"/> Check if this is a new address. ()	23. FAX (Optional) ()	24. E-mail Address (Optional) ()
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25. City LA PORTE	State IN.	ZIP Code 46350	26. County LA PORTE	27. Telephone (Day) 219,608-5456	28. Telephone (Evening) Same
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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.)	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
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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 MICHAEL F. MOLLENHAUER	Signature of the Committee Chairperson MICHAEL F. MOLLENHAUER
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33. Treasurer's Full Name MICHAEL FRANCIS MOLLENHAUER	<input type="checkbox"/> Designate candidate as treasurer.	<input type="checkbox"/> Check if this is a new treasurer.
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34. Mailing Address (number and street, city, state, and ZIP code) 1510 Michigan AVENUE	<input type="checkbox"/> Check if this is a new address. ()	35. FAX (Optional) ()	36. E-mail Address (Optional) ()
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37. City LA PORTE	State IN.	ZIP Code 46350	38. County LA PORTE	39. Telephone (Day) 219,608-5456	40. Telephone (Evening) Same
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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
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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.	FOR OFFICE USE ONLY
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42. Typed or Printed Name of Chairperson MICHAEL F. MOLLENHAUER	Signature of Chairperson MICHAEL F. MOLLENHAUER	Date (mm/dd/yy) 07-09-25
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43. Typed or Printed Name of Candidate MIKE MOLLENHAUER	Signature of Candidate MIKE MOLLENHAUER	Date (mm/dd/yy) 07-09-25
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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).

