



**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. →

46-25-54

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

2. Last Name Moldenhauer	First Name NANCY	Middle Name ANN	Nickname	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) 107 Kaye Lane	5. FAX (Optional) ()	6. E-mail Address (Optional) nancyforvision@gmail.com			
7. City Michigan City	State IN	ZIP Code 46360	8. County LaPorte	9. Telephone (Day) (219) 210-7513	10. Telephone (Evening) 219 283-9436

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.) Michigan City Common Council Ward 6
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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.) Check if this is a new name.

Elect Nancy Moldenhauer

14. Mailing Address (number and street, city, state, and ZIP code) P.O. Box 357	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional) nancyforvision@gmail.com
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17. City Michigan City	State IN	ZIP Code 46361	18. County LaPorte	19. Telephone 219 283-9436	20. Committee Organization Date (mm/dd/yy) 07/01/2025
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21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.

Nancy Ann Moldenhauer

22. Mailing Address (number and street, city, state, and ZIP code) 107 Kaye Lane	<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ()	24. E-mail Address (Optional) nancyforvision@gmail.com
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25. City Michigan City	State IN	ZIP Code 46360	26. County LaPorte	27. Telephone (Day) (219) 210-7513	28. Telephone (Evening) 219 283-9436
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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.)

First Trust Cred. & 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.	Person Appointed Treasurer ANNA S. LIVESAY	Signature of the Committee Chairperson Nancy A. Moldenhauer
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33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.

ANNA Sharlene Livesay

34. Mailing Address (number and street, city, state, and ZIP code) 107 Kaye Lane	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ()	36. E-mail Address (Optional)
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37. City Michigan City	State IN	ZIP Code 46360	38. County LaPorte	39. Telephone (Day) (219) 210-7991	40. Telephone (Evening) ()
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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 Anne S. Gray
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SECTION E. CERTIFICATION OF STATEMENT

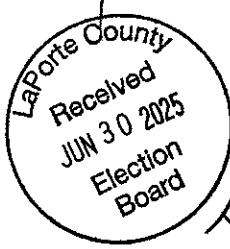
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Nancy A. Moldenhauer	Signature of Chairperson Nancy A. Moldenhauer	Date (mm/dd/yy) 7-1-2025
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43. Typed or Printed Name of Candidate Nancy A. Moldenhauer	Signature of Candidate Nancy A. Moldenhauer	Date (mm/dd/yy) 7-1-2025
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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).

FOR OFFICE USE ONLY



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

State Form 4605 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

FILE NUMBER

410-75-54

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) <i>Elect Nancy Moldenhauer</i>	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) <i>Nancy Moldenhauer</i>	3. Committee Telephone Number <i>(219) 210-7991</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>P.O. Box 357</i>	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code <i>Michigan City IN 46360</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>Nancy Ann Moldenhauer</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>Common Council Ward 6</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>January 1, 2025</i> Through: <i>December 31, 2025</i>	COLUMN A This Period <i>633.34</i>	COLUMN B Year to Date <i>633.31</i>
13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and Investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	<i>0</i>	<i>0</i>
15b. Unitemized	<i>0</i>	<i>0</i>
15c. Add lines 15a and 15b in both columns.	SUBTOTAL <i>633.31</i>	633.31
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL <i>633.31</i>	633.31

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>	<i>0</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL <i>633.31</i>	633.31
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

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 <i>Anne S. Jay</i>	Title <i>Treasurer</i>	Date (mm/dd/yy) <i>1/19/2026</i>
Signature of Candidate (if applicable)		Date (mm/dd/yy)

FOR OFFICE USE ONLY

*10 AM
La Porte County
Received
JAN 21 2026
Election Board*

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)