



**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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. → 46-25-54					
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
2. Last Name Moldenhauer		First Name Nancy		Middle Name ANN	Nickname
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 La Porte	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 Council Ward 6		
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Elect Nancy Moldenhauer					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. P.O. Box 357		15. FAX (Optional)		16. E-mail Address (Optional) nancyforvision@gmail.com	
17. City Michigan City	State IN	ZIP Code 46361	18. County La Porte	19. Telephone 219, 283-9436	20. Committee Organization Date (mm/dd/yy) 07/01/2025
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Nancy Ann Moldenhauer					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 107 Kaye Lane		23. FAX (Optional)		24. E-mail Address (Optional) nancyforvision@gmail.com	
25. City Michigan City	State IN	ZIP Code 46360	26. County La Porte	27. Telephone (Day) 219-210-7513	28. Telephone (Evening) 219-283-9436
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 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		
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>					
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	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. ANNA Shariene Livesay					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 107 Kaye Lane		35. FAX (Optional)		36. E-mail Address (Optional)	
37. City Michigan City	State IN	ZIP Code 46360	38. County La Porte	39. Telephone (Day) 219-210-7991	40. Telephone (Evening)
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>					
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. Livesay		
<b>SECTION E. CERTIFICATION OF STATEMENT</b>					
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	
43. Typed or Printed Name of Candidate Nancy A. Moldenhauer		Signature of Candidate Nancy A. Moldenhauer		Date (mm/dd/yy) 7-1-2025	
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).					

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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

416-75-84

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) <input type="checkbox"/> Check if this is a new name. <b>Elect Nancy Moldenhauer</b>	
2. Acronym or Abbreviated Name (if any) <b>Nancy Moldenhauer</b>	3. Committee Telephone Number <b>(219) 210-7991</b>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>P.O. Box 357</b>	
5. City, State, ZIP Code <b>Michigan City IN 46360</b>	6. Party Affiliation (if applicable)

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

7. Full Name of Candidate (Include any nickname.) <b>NANCY ANN Moldenhauer</b>	8. Party Affiliation or If Independent Candidate <b>Democrat</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>Common Council Ward 6</b>	10. County of Residence <b>La Porte</b>

### 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): From: <b>January 1, 2025</b> Through: <b>December 31, 2025</b>	COLUMN A This Period <b>633.34</b>	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		<b>633.31</b>
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.)	<b>0</b>	<b>0</b>
15b. Unitemized	<b>0</b>	<b>0</b>
15c. Add lines 15a and 15b in both columns. SUBTOTAL	<b>633.31</b>	<b>633.31</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	<b>633.31</b>	<b>633.31</b>

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<b>0</b>	<b>0</b>
17b. Unitemized	<b>0</b>	<b>0</b>
17c. Add lines 17a and 17b in both columns. SUBTOTAL	<b>0</b>	<b>0</b>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<b>633.31</b>	<b>633.31</b>
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 <b>Aime S. Jay</b>	Title <b>Treasurer</b>	Date (mm/dd/yy) <b>1/19/2026</b>
Signature of Candidate (if applicable)		Date (mm/dd/yy)

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)

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