



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? Yes No If Yes, please enter the file number in this box. → **46-22-39**

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

2. Last Name Morgan		First Name Nancy		Middle Name L	Nickname	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) 2422 S. Taylor Rd				5. FAX (Optional)		6. E-mail Address (Optional) Nancym1123@yahoo.com	
7. City Mill Creek	State IN	ZIP Code 46365	8. County LaPorte	9. Telephone (Day) (219) 393-0025		10. Telephone (Evening) (219) 575-7609	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (include district number, if any. Not required for an exploratory committee.) LINCOLN Township Trustee Lincoln			

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. Nancy L Morgan for Lincoln Township Trustee							
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 2422 S. Taylor Rd				15. FAX (Optional)		16. E-mail Address (Optional) Nancym1123@yahoo.com	
17. City Mill Creek	State IN	ZIP Code 46365	18. County LaPorte	19. Telephone (219) 393-0025		20. Committee Organization Date (mm/dd/yy) 01/28/2022	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Nancy L Morgan							
22. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 2422 S. Taylor Rd				23. FAX (Optional)		24. E-mail Address (Optional) Nancym1123@yahoo.com	
City Mill Creek	State IN	ZIP Code 46365	26. County LaPorte	27. Telephone (Day) (219) 393-0025		28. Telephone (Evening) (219) 575-7609	
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.)							
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.		Person Appointed Treasurer Nancy L Morgan	Signature of the Committee Chairperson Nancy L. Morgan
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Nancy L. Morgan			
34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 2422 S. Taylor Rd		35. FAX (Optional)	
36. E-mail Address (Optional) Nancym1123@yahoo.com			
37. City Mill Creek	State IN	ZIP Code 46365	38. County LaPorte
39. Telephone (Day) (219) 393-0025		40. Telephone (Evening) (219) 575-7609	

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 Nancy L. Morgan
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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 L Morgan	Signature of Chairperson Nancy L. Morgan	Date (mm/dd/yy) 01/28/2022
43. Typed or Printed Name of Candidate Nancy L Morgan	Signature of Candidate Nancy L. Morgan	Date (mm/dd/yy) 01/28/2022

FOR OFFICE USE ONLY

FILED
IN CLERKS OFFICE

FEB 1 2022

Lisa Stevens
CLERK OF LA PORTE CIRCUIT COURT

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).



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
46-22-39
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 <i>Statement of Organization</i>) Nancy L Morgan for Lincoln Township Trustee		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 393-0025	
4. Mailing Address (<i>Address where all campaign finance correspondence is received.</i>) 2422 S Taylor Rd		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Mill Creek, IN. 46365	6. Party Affiliation (<i>if applicable</i>) Republican	

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (<i>Include any nickname.</i>) Nancy L Morgan	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (<i>Include district number, if any. Not required for exploratory committee.</i>) Lincoln Township Trustee	10. County of Residence LaPorte

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 (<i>Lines 18, 19, and 20 must be "0".</i>) <input type="checkbox"/> Outgoing Treasurer (<i>Within ten (10) days amend Statement of Organization.</i>)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 01/28/2022 Through: 04/18/2022	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	25.00	
14. Cash on hand and investments January 1, current year.		25.00

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	0.00	0.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	25.00	25.00

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0.00	0.00
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (<i>Subtract 17c from 16 in both columns.</i>) TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

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 IN CLERKS OFFICE APR 18 2022
Signature of Treasurer Nancy L. Morgan	Title Candidate	Date (mm/dd/yy) 04/18/2022	
Signature of Candidate (if applicable) Nancy L. Morgan		Date (mm/dd/yy) 04/18/2022	

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)

L. Mason 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
46-72-39
TOTAL PAGES IN ENTIRE CFA-4 REPORT

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COMMITTEE INFORMATION

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2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 393-0025
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2422 S. Taylor Rd	
5. City, State, ZIP Code Mill Creek, IN 46365	6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Nancy L Morgan	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Lincoln Township Trustee	10. County of Residence LaPorte

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 Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 10/15/22 Through: 12/31/2022	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	25.00	
14. Cash on hand and investments January 1, current year.		25.00

CONTRIBUTIONS AND RECEIPTS

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

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	0	0
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

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 Nancy L. Morgan	Title Trustee	Date (mm/dd/yy) 01/18/2023
Signature of Candidate (if applicable) Nancy L. Morgan		Date (mm/dd/yy) 01/18/2023

FOR OFFICE USE ONLY

FILED
IN CLERKS OFFICE

JAN 18 2023

L. Leach Stivers
CLERK OF LA PORTE CIRCUIT COURT

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