



**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. → **46-24-83**

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

|                                                                                                                                                                                                    |  |                              |                          |                             |                                                                                                                                   |                                            |                                                          |                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Last Name<br><b>Lane</b>                                                                                                                                                                        |  | First Name<br><b>Colleen</b> |                          | Middle Name<br><b>Marie</b> |                                                                                                                                   | Nickname                                   |                                                          | 3. Type of Committee (Check one)<br><input type="checkbox"/> Candidate's Principal Committee<br><input type="checkbox"/> Exploratory Committee |  |
| 4. Mailing Address (number and street, city, state, and ZIP code)<br><b>2025 Juneway Drive</b>                                                                                                     |  |                              |                          |                             | 5. FAX (Optional)                                                                                                                 |                                            | 6. E-mail Address (Optional)<br><b>cmawall@gmail.com</b> |                                                                                                                                                |  |
| 7. City<br><b>Long Beach</b>                                                                                                                                                                       |  | State<br><b>IN</b>           | ZIP Code<br><b>46360</b> | 8. County<br><b>LaPorte</b> |                                                                                                                                   | 9. Telephone (Day)<br><b>219, 861-9468</b> |                                                          | 10. Telephone (Evening)<br><b>219, 861-9468</b>                                                                                                |  |
| 11. Party Affiliation<br><input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other <b>Independent</b> |  |                              |                          |                             | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)<br><b>Town Council Long Beach</b> |                                            |                                                          |                                                                                                                                                |  |

**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.<br><b>Colleen Lane for Council Committee</b>                                                 |  |                    |                          |                              |                                                                                                                                                                                                                             |                                             |                               |                                                              |  |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.                                                                        |  |                    |                          |                              | 15. FAX (Optional)                                                                                                                                                                                                          |                                             | 16. E-mail Address (Optional) |                                                              |  |
| 17. City<br><b>Long Beach</b>                                                                                                                                                                      |  | State<br><b>IN</b> | ZIP Code<br><b>46360</b> | 18. County<br><b>LaPorte</b> |                                                                                                                                                                                                                             | 19. Telephone<br><b>219, 861-9468</b>       |                               | 20. Committee Organization Date (mm/dd/yy)<br><b>7/15/24</b> |  |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.<br><b>Colleen Lane</b>            |  |                    |                          |                              |                                                                                                                                                                                                                             |                                             |                               |                                                              |  |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.                                                                        |  |                    |                          |                              | 23. FAX (Optional)                                                                                                                                                                                                          |                                             | 24. E-mail Address (Optional) |                                                              |  |
| 25. City<br><b>Long Beach</b>                                                                                                                                                                      |  | State<br><b>IN</b> | ZIP Code<br><b>46360</b> | 26. County<br><b>LaPorte</b> |                                                                                                                                                                                                                             | 27. Telephone (Day)<br><b>219, 861-9468</b> |                               | 28. Telephone (Evening)<br><b>219, 861-9468</b>              |  |
| 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.)<br><b>Horizon Bank</b> |  |                    |                          |                              |                                                                                                                                                                                                                             |                                             |                               |                                                              |  |
| 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 |                                             |                               |                                                              |  |

**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<br><b>Colleen Lane</b> |                                             | Signature of the Committee Chairperson<br><b>Colleen Lane</b> |                         |  |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.<br><b>Colleen Lane</b> |  |                    |                          |                              |                                                   |                                             |                                                               |                         |  |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.                                                       |  |                    |                          |                              | 35. FAX (Optional)                                |                                             | 36. E-mail Address (Optional)                                 |                         |  |
| 37. City<br><b>Long Beach</b>                                                                                                                                                     |  | State<br><b>IN</b> | ZIP Code<br><b>46360</b> | 38. County<br><b>LaPorte</b> |                                                   | 39. Telephone (Day)<br><b>219, 861-9468</b> |                                                               | 40. Telephone (Evening) |  |

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

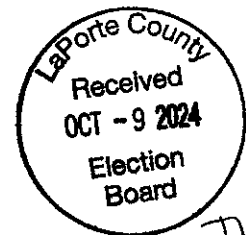
|                                                                                                                                                                                                                            |  |  |  |  |                                                                  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------|--|--|--|--|
| 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<br><b>Colleen Lane</b> |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------|--|--|--|--|

**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<br><b>Colleen Lane</b> |  | Signature of Chairperson<br><b>Colleen Lane</b> |  | Date (mm/dd/yy)<br><b>10/7/24</b> |  |
| 43. Typed or Printed Name of Candidate<br><b>Colleen Lane</b>   |  | Signature of Candidate<br><b>Colleen Lane</b>   |  | Date (mm/dd/yy)<br><b>10/7/24</b> |  |

**FOR OFFICE USE ONLY**



**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).

**TVS**



# 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                        | 410-24-83 |
| 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 checked="" type="checkbox"/> Check if this is a new name.<br>Colleen Lane for Council Committee                                                                                                                                                                                                                                             |  | 3. Committee Telephone Number<br>219 361-9468                                                     |
| 2. Acronym or Abbreviated Name (if any)<br>N/A                                                                                                                                                                                                                                                                                                                                                                 |  | 6. Party Affiliation (if applicable)<br>Independent                                               |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.<br>2025 Juneway Drive                                                                                                                                                                                                                                             |  |                                                                                                   |
| 5. City, State, ZIP Code<br>Lona Beach IN 46360                                                                                                                                                                                                                                                                                                                                                                |  | 8. Party Affiliation or If Independent Candidate<br>Independent                                   |
| CANDIDATE INFORMATION (For Candidate's Committees Only)                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                   |
| 7. Full Name of Candidate (Include any nickname.)<br>Colleen Marie Lane                                                                                                                                                                                                                                                                                                                                        |  | 10. County of Residence<br>La Porte                                                               |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br>Town Council Lona Beach                                                                                                                                                                                                                                                                                         |  |                                                                                                   |
| TYPE OF REPORT                                                                                                                                                                                                                                                                                                                                                                                                 |  | CONVENTION CANDIDATES ONLY                                                                        |
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____<br><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.) |  | Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
| 12. Reporting Period (mm/dd/yyyy):<br>From: 6/30/24 Through: 10/7/24                                                                                                                                                                                                                                                                                                                                           |  | COLUMN A<br>This Period<br>128.00                                                                 |
| 13. Cash on hand and investments at the beginning of this reporting period.                                                                                                                                                                                                                                                                                                                                    |  | COLUMN B<br>Year to Date<br>128.00                                                                |
| 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.)                                                                                                                                                                                                                                                                                                                                                                                |  | 0                                                                                                 |
| 15b. Unitemized                                                                                                                                                                                                                                                                                                                                                                                                |  | 0                                                                                                 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL                                                                                                                                                                                                                                                                                                                                                           |  | 0                                                                                                 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |
| EXPENDITURES                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |
| (Note: These amounts include in-kind expenditures and loan repayments.)                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                   |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)                                                                                                                                                                                                                                                                                                                                             |  | 0                                                                                                 |
| 17b. Unitemized                                                                                                                                                                                                                                                                                                                                                                                                |  | 128.00                                                                                            |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL                                                                                                                                                                                                                                                                                                                                                           |  | 128.00                                                                                            |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL                                                                                                                                                                                                                                                                                               |  | 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<br>Colleen Lane                                                                                                                                                                                                                                                                                                                                                                                                                        | Title<br>Candidate/Treasurer | Date (mm/dd/yyyy)<br>10/7/24 |
| Signature of Candidate (if applicable)<br>Colleen Lane                                                                                                                                                                                                                                                                                                                                                                                                        |                              | Date (mm/dd/yyyy)<br>10/7/24 |
| 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

LaPorte County  
Received  
OCT - 9 2024  
Election Board

75