



**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	First Name	Middle Name	Nickname	3. Type of Committee (Check one)
<b>Lane</b>	<b>Colleen</b>	<b>Marie</b>		<input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code)	5. FAX (Optional)	6. E-mail Address (Optional)
<b>2025 Juneway Drive</b>		<b>cnawall@gmail.com</b>

7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
<b>Long Beach</b>	<b>IN</b>	<b>46360</b>	<b>LaPorte</b>	<b>219-861-9468</b>	<b>219-861-9468</b>

11. Party Affiliation	12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
<input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other <b>Independent</b>	<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.)  Check if this is a new name.

**Colleen Lane for Council Committee**

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)
<b>2025 Juneway Drive</b>			

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
<b>Long Beach</b>	<b>IN</b>	<b>46360</b>	<b>LaPorte</b>	<b>219-861-9468</b>	<b>7/15/24</b>

21. Chairperson's Full Name  Designate Candidate as Chairperson.  Check if this is a new chairperson.

**Colleen Lane**

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)
<b>2025 Juneway Drive</b>			

25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
<b>Long Beach</b>	<b>IN</b>	<b>46360</b>	<b>LaPorte</b>	<b>219-861-9468</b>	<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.)

**Horizon Bank**

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	Signature of the Committee Chairperson
<b>Colleen Lane</b>		<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.	
<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)
<b>2025 Juneway Drive</b>			

37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
<b>Long Beach</b>	<b>IN</b>	<b>46360</b>	<b>LaPorte</b>	<b>219-861-9468</b>	<b>( )</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

42. Typed or Printed Name of Chairperson  Signature of Chairperson Date (mm/dd/yy)

43. Typed or Printed Name of Candidate  Signature of Candidate Date (mm/dd/yy)

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





## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)  
Indiana Election Division (IC 3-8-5-14)

**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

### (CFA-4) Summary Sheet

#### FILE NUMBER

410-24-83

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)	<input checked="" type="checkbox"/> Check if this is a new name. Colleen Lane for Council Committee			
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number N/A, 861-9468			
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address. 2025 Juneway Drive			
5. City, State, ZIP Code	6. Party Affiliation (if applicable) Lola Beach IN 46360 Independent			
CANDIDATE INFORMATION (For Candidate's Committees Only)				
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or if Independent Candidate Colleen Marie Lane Independent			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence Town Council Lola Beach La Porte			
TYPE OF REPORT				
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input 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			
12. Reporting Period (mm/dd/yy): From: 01/30/24	Through: 10/17/24	COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		128.00	128.00	
14. Cash on hand and investments January 1, current year.			128.00	
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			
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		128.00	128.00	
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	128.00	128.00	
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	Title	Date (mm/dd/yy)	
Colleen Lane	Candidate/Treasurer	10/17/24	
Signature of Candidate (if applicable)		Date (mm/dd/yy)	
Colleen Lane		10/17/24	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-1-5) 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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**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)  
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)  Check if this is a new name.

Colleen Lane for Council Committee

2. Acronym or Abbreviated Name (if any)

N/A

3. Committee Telephone Number

(219) 821-9488

4. Mailing Address (Address where all campaign finance correspondence is received)  Check if this is a new address.

2025 Juneway Drive

5. City, State, ZIP Code

Long Beach, IN 46360

6. Party Affiliation (if applicable)

Independent

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

7. Full Name of Candidate (Include any nickname)

Colleen Marie Lane

8. Party Affiliation or If Independent Candidate

Independent

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

Town Council Long BEACH

10. County of Residence

LaPorte

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one:

Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_

Check one:

Pre-Convention

Post-Convention

Final / Disbands Committee (Lines 18, 19, and 20 must be 0)  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

12. Reporting Period (mm/dd/yy):

From: 10/12/2024

Through: 12/31/2024

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0

14. Cash on hand and investments January 1, current year.

\$ 128.00

**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

0

\$ 128.00

**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

\$ 128.00

17c. Add lines 17a and 17b in both columns.

SUBTOTAL

0

\$ 128.00

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

Colleen Lane

Title  
Candidate/Treasurer

Date (mm/dd/yy)

11/01/2025

Signature of Candidate (if applicable)

Colleen Lane

Date (mm/dd/yy)

11/01/2025

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LaPorte County  
Received  
JAN - 7 2025  
Election Board

**INSTRUCTIONS FOR COMPLETING THIS FORM**