



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

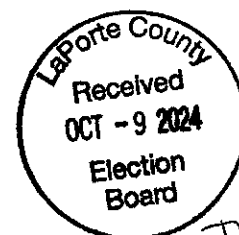
State Form 4604 (R15 / 5-19)

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. → 46-24-83									
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>									
2. Last Name Lane		First Name Colleen		Middle Name Marie		Nickname		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 2025 Juneway Drive				5. FAX (Optional)		6. E-mail Address (Optional) cmawall@gmail.com			
7. City Long Beach		State IN	ZIP Code 46360	8. County LaPorte		9. Telephone (Day) 219, 861-9468		10. Telephone (Evening) 219, 861-9468	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other Independent				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Town Council Long Beach					
<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. 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. 2025 Juneway Drive				15. FAX (Optional)		16. E-mail Address (Optional)			
17. City Long Beach		State IN	ZIP Code 46360	18. County LaPorte		19. Telephone 219, 861-9468		20. Committee Organization Date (mm/dd/yy) 7/15/24	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> 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. 2025 Juneway Drive				23. FAX (Optional)		24. E-mail Address (Optional)			
25. City Long Beach		State IN	ZIP Code 46360	26. County LaPorte		27. Telephone (Day) 219, 861-9468		28. Telephone (Evening) 219, 861-9468	
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				
<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. Colleen Lane				Signature of the Committee Chairperson Colleen Lane					
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Colleen Lane									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2025 Juneway Drive				35. FAX (Optional)		36. E-mail Address (Optional)			
37. City Long Beach		State IN	ZIP Code 46360	38. County LaPorte		39. Telephone (Day) 219, 861-9468		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 Colleen Lane			
<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 Colleen Lane		Signature of Chairperson Colleen Lane			Date (mm/dd/yy) 10/7/24				
43. Typed or Printed Name of Candidate Colleen Lane		Signature of Candidate Colleen Lane			Date (mm/dd/yy) 10/7/24				
<b>Warning:</b> 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 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. <u>Colleen Lane for Council Committee</u>	
2. Acronym or Abbreviated Name (if any) <u>N/A</u>	3. Committee Telephone Number <u>(219) 581-9468</u>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <u>2025 Juneway Drive</u>	
5. City, State, ZIP Code <u>Lona Beach IN 46360</u>	6. Party Affiliation (if applicable) <u>Independent</u>

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

7. Full Name of Candidate (Include any nickname.) <u>Colleen Marie Lane</u>	8. Party Affiliation or If Independent Candidate <u>Independent</u>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <u>Town Council Lona Beach</u>	10. County of Residence <u>La Porte</u>

### 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/yyyy): From: <u>6/30/24</u> Through: <u>10/7/24</u>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<u>128.00</u>	<u>128.00</u>
14. Cash on hand and investments January 1, current year.		
<b>CONTRIBUTIONS AND RECEIPTS</b>		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	<u>0</u>	<u>0</u>
15b. Unitemized	<u>0</u>	<u>0</u>
15c. Add lines 15a and 15b in both columns. SUBTOTAL	<u>0</u>	<u>0</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL		
<b>EXPENDITURES</b>		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<u>0</u>	<u>0</u>
17b. Unitemized	<u>128.00</u>	<u>128.00</u>
17c. Add lines 17a and 17b in both columns. SUBTOTAL	<u>128.00</u>	<u>128.00</u>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<u>0</u>	<u>0</u>
19. Debts OWED BY the committee (Use Schedule D.)	<u>0</u>	
20. Debts OWED TO the committee (Use Schedule E.)	<u>0</u>	

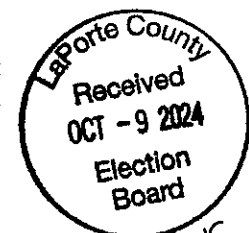
### CERTIFICATION

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 <u>Colleen Lane</u>	Title <u>Candidate/Treasurer</u>	Date (mm/dd/yyyy) <u>10/7/24</u>
Signature of Candidate (if applicable) <u>Colleen Lane</u>		Date (mm/dd/yyyy) <u>10/7/24</u>

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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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

## (CFA-4) Summary Sheet

FILE NUMBER

410-2483

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. <u>Colleen Lane for Council Committee</u>	
2. Acronym or Abbreviated Name (if any) <u>N/A</u>	3. Committee Telephone Number <u>(219) 861-9468</u>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <u>7025 Suneway Drive</u>	
5. City, State, ZIP Code <u>Long Beach, IN 46340</u>	6. Party Affiliation (if applicable) <u>Independent</u>

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

7. Full Name of Candidate (Include any nickname.) <u>Colleen Marie Lane</u>	8. Party Affiliation or If Independent Candidate <u>Independent</u>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <u>Town Council Long Beach</u>	10. County of Residence <u>Laporte</u>

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input checked="" 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: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: <u>10/12/2024</u> Through: <u>12/31/2024</u>	COLUMN A This Period <u>0</u>	COLUMN B Year to Date <u>\$ 128.00</u>
13. Cash on hand and investments at the beginning of this reporting period.	<u>0</u>	
14. Cash on hand and investments January 1, current year.		<u>\$ 128.00</u>

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	<u>0</u>	<u>0</u>
15b. Unitemized	<u>0</u>	<u>0</u>
15c. Add lines 15a and 15b in both columns. SUBTOTAL	<u>0</u>	<u>0</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	<u>0</u>	<u>\$ 128.00</u>

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<u>0</u>	<u>0</u>
17b. Unitemized	<u>0</u>	<u>\$ 128.00</u>
17c. Add lines 17a and 17b in both columns. SUBTOTAL	<u>0</u>	<u>\$ 128.00</u>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<u>0</u>	<u>0</u>
19. Debts OWED BY the committee (Use Schedule D.)	<u>0</u>	
20. Debts OWED TO the committee (Use Schedule E.)	<u>0</u>	

### 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.

Signature of Treasurer <u>Colleen Lane</u>	Title <u>Candidate / Treasurer</u>	Date (mm/dd/yy) <u>1/6/2025</u>
Signature of Candidate (if applicable) <u>Colleen Lane</u>		Date (mm/dd/yy) <u>1/6/2025</u>

**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)

**INSTRUCTIONS FOR COMPLETING THIS  
FORM**

