



**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

46-2S-22

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. →

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)
Morgan	Nancy	L		<input checked="" 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)
2422 S. Taylor Rd	()	

7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
Mill Creek	IN	46365	LaPorte	(219) 393-0025	(219) 393-0025

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 checked="" type="checkbox"/> Republican <input type="checkbox"/> Other _____	Lincoln Twp. 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.) Check if this is a new name.

Nancy L. Morgan for Lincoln Twp. Trustee

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)
2422 S. Taylor Rd		()	

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
Mill Creek	IN	46365	LaPorte	(219) 393-0025	

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

Nancy L. Morgan

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)
2422 S. Taylor Rd		()	

25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Mill Creek	IN	46365	LaPorte	(219) 393-0025	(219) 393-0025

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.)

Purdue Federal 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 type="checkbox"/> No
---	--

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee.	Signature of the Committee Chairperson
--	--

33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.

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	State	ZIP Code	38. County	39. Telephone (Day)	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
--	---

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	Signature of Chairperson	Date (mm/dd/yy)
Nancy L. Morgan	Nancy L. Morgan	

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

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 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

410-75-72

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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.
MORGAN, Nancy L for Lincoln Township Trustee	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()

4. Mailing Address (Address where all campaign finance correspondence is received.) 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 (if applicable) Republican

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.)	12. Reporting Period (mm/dd/yy): From: 01/01/2025 Through: 12/31/2025	COLUMN A This Period	COLUMN B Year to Date
--	--	-------------------------	--------------------------

13. Cash on hand and investments at the beginning of this reporting period.	
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.)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	
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.)		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	
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	Title	Date (mm/dd/yy)

Signature of Candidate (if applicable) Nancy L Morgan	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)

FOR OFFICE USE ONLY





REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

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

410-2S-22

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name.
Nancy L Morgan for Lincoln Township Trustee	
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	6. Party Affiliation (if applicable)
Mill Creek, IN. 46365	Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

TYPE OF REPORT		CONVENTION CANDIDATES ONLY	
11. Check one:		Check one:	
<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Pre-Election	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Nomination
<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.)		

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: _____	Through: _____	
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		0

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
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0

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

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

If a Treasurer of a PAC: I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution. (please check box)

Signature of Treasurer	Title	Date (mm/dd/yy)
Nancy Lee Morgan	Trustee	01/07/2026
Signature of Candidate (if applicable)		Date (mm/dd/yy)
Nancy Lee Morgan		01/07/2026

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

