# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

**FILE NUMBER**: 46-26-02

**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.
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.)* ☐ 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)*
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:*
☒ 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/yy)*: From: Through: | 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. | | 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 | 0 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 0 | 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 | 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.

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 L Morgan | Trustee | 03/14/2026 |
| **Signature of Candidate** *(if applicable)* | | **Date** *(mm/dd/yy)* |
| Nancy L Morgan | | 04/14/2026 |

**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**

LaPorte County Received APR 14 2026 Election Board

# 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.* → 46-24-02

## 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 | Lee | | ☒ Candidate's Principal Committee<br>☒ 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 | ( ) | nancym1123@yahoo.com |

| 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** ☐ Democratic ☐ Libertarian ☒ Republican ☐ Other _____

**12. Office Sought** *(Include district number, if any. Not required for an exploratory committee.)* Lincoln Township Trustee

## 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.
Campaign to Re-Elect Nancy Morgan for Lincoln Township Trustee

| 14. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address. | 15. FAX *(Optional)* | 16. E-mail Address *(Optional)* |
|---|---|---|
| 2422 S. Taylor Rd. | ( ) | nancym1123@yahoo.com |

| 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 Lee Morgan

| 22. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address. | 23. FAX *(Optional)* | 24. E-mail Address *(Optional)* |
|---|---|---|
| 2422 S. Taylor Rd. | ( ) | nancym1123@yahoo.com |

| 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.)* ☐ Yes ☒ 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 | Signature of the Committee Chairperson |
|---|---|---|
| | Nancy Lee Morgan | |

**33. Treasurer's Full Name** ☒ Designate candidate as treasurer. ☐ Check if this is a new treasurer.
Nancy Lee Morgan

| 34. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address. | 35. FAX *(Optional)* | 36. E-mail Address *(Optional)* |
|---|---|---|
| 2422 S. Taylor Rd. | ( ) | |

| 37. City | State | ZIP Code | 38. County | 39. Telephone *(Day)* | 40. Telephone *(Evening)* |
|---|---|---|---|---|---|
| Mill Creek | IN | 46365 | LaPorte | (219) 393-0025 | (219) 393-0025 |

## 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 Lee Morgan | Nancy Lee Morgan | 01/07/2026 |
| **43. Typed or Printed Name of Candidate** | **Signature of Candidate** | **Date** *(mm/dd/yy)* |
| Nancy Lee Morgan | Nancy Lee Morgan | 01/07/2026 |

**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**

LaPorte County
Received
JAN – 7 2026
Election Board

# 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

**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.*

**FILE NUMBER**: 46-26-02

**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*) ☐ Check if this is a new name.
Campaign to Re-Elect Nancy 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.)* ☐ 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)*
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:*
☒ 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/yy)*:
From: January 1, 2026 Through: April 10, 2026

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

### 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)* |
|---|---|---|
| Nancy L. Morgan | Trustee | 04/24/2026 |
| **Signature of Candidate** *(if applicable)* | | **Date** *(mm/dd/yy)* |
| Nancy L. Morgan | | 04/24/2026 |

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**FOR OFFICE USE ONLY**

LaPorte County
Received
APR 24 2026
Election Board

# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

**FILE NUMBER**: 416-26-02

**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.
COMMITTE TO ELECT NANCY MORGAN

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.)* ☐ 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)*
REPUBLICAN

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

7. Full Name of Candidate *(Include any nickname.)*
NANCY 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:*
☐ 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/yy)*: From: APRIL 11, 2026 Through: OCTOBER 9, 2026 | 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. | | 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 | 0 |
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| **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.

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)* |
|---|---|---|
| | LINCOLN TOWNSHIP TRUSTEE | 10/16/2026 |
| Signature of Candidate *(if applicable)* Nancy Morgan | | Date *(mm/dd/yy)* 10/16/2026 |

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**FOR OFFICE USE ONLY**

8:20 am JVS

LaPorte County Received OCT 16 2026 Election Board