



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 <i>If Yes, please enter the file number in this box. →</i>										46-22-56
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.										
2. Last Name Tanger		First Name Kelli		Middle Name Marie		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee		
4. Mailing Address (number and street, city, state, and ZIP code) 6821 W Joliet Rd					5. FAX (Optional)		6. E-mail Address (Optional) kelli.tanger@gmail.com			
7. City LaPorte		State IN	ZIP Code 46350		8. County LaPorte		9. Telephone (Day) (219) 363 7793		10. Telephone (Evening) (219) 363 7793	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other					12. Office Sought (include district number, if any. Not required for an exploratory committee.) New Durham 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.) <input type="checkbox"/> Check if this is a new name. Kelli Tanger for New Durham 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) kelli.tanger@gmail.com			
17. City LaPorte		State IN	ZIP Code 46350		18. County LaPorte		19. Telephone (219) 363 7793		20. Committee Organization Date (mm/dd/yy) 3/31/2022	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Kelli Tanger										
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) kelli.tanger@gmail.com			
25. City LaPorte		State IN	ZIP Code 46350		26. County LaPorte		27. Telephone (Day) (219) 363-7793		28. Telephone (Evening) (219) 363-7793	
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					
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 Kelli Tanger			Signature of the Committee Chairperson Kelli Tang		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Kelli Tanger										
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) kelli.tanger@gmail.com			
37. City LaPorte		State IN	ZIP Code 46350		38. County LaPorte		39. Telephone (Day) (219) 363 7793		40. Telephone (Evening) (219) 363 7793	
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 Kelli Tang					
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 Kelli Tanger			Signature of Chairperson Kelli Tang				Date (mm/dd/yy) 3/31/22			
3. Typed or Printed Name of Candidate Kelli Tanger			Signature of Candidate Kelli Tang				Date (mm/dd/yy) 3/31/22			
<p>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).</p>										
<p>FOR OFFICE USE ONLY</p> <p>FILED</p> <p>IN CLERKS OFFICE</p> <p>MAR 31 2022</p> <p><i>L. Leason Stevens</i> CLERK OF LA PORTE CIRCUIT COURT</p>										



**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
46-22-56
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 <i>Statement of Organization</i>) Kelli Tanger for New Durham Township Trustee		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()	
4. Mailing Address (<i>Address where all campaign finance correspondence is received.</i>) 6821 W. Joliet Rd.		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code LaPorte, IN 46350	6. Party Affiliation (<i>if applicable</i>) Republican	
CANDIDATE INFORMATION (<i>For Candidate's Committees Only</i>)		
7. Full Name of Candidate (<i>Include any nickname.</i>) Kelli Tanger		8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (<i>Include district number, if any. Not required for exploratory committee.</i>) New Durham Township Trustee		10. County of Residence
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
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 (<i>Lines 18, 19, and 20 must be "0".</i>) <input type="checkbox"/> Outgoing Treasurer (<i>Within ten (10) days amend Statement of Organization.</i>)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period (<i>mm/dd/yy</i>): From: 1/1/2022 Through: 11/10/2022		COLUMN A This Period
13. Cash on hand and investments at the beginning of this reporting period.		0.00
14. Cash on hand and investments January 1, current year.		0.00
CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (<i>Use Schedule A.</i>)	800.00	
15b. Unitemized	0.00	
15c. Add lines 15a and 15b in both columns. SUBTOTAL	800.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	800.00	0.00
EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (<i>Use Schedule B.</i>) (<i>Public Question: use Schedule C.</i>)	760.73	
17b. Unitemized	0.00	
17c. Add lines 17a and 17b in both columns. SUBTOTAL	760.73	
18. Cash on hand and investments at close of this reporting period (<i>Subtract 17c from 16 in both columns.</i>) TOTAL	39.27	
19. Debts OWED BY the committee (<i>Use Schedule D.</i>)	0.00	
20. Debts OWED TO the committee (<i>Use Schedule E.</i>)	0.00	

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 <i>Kelli Tanger</i>	Title Kelli Tanger	Date (mm/dd/yy) 1/24/2023
Signature of Candidate (<i>if applicable</i>) <i>Kelli Tanger</i>		Date (mm/dd/yy) 1/24/2023
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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FILED IN CLERKS OFFICE
JAN 25 2023
<i>Heather Stevens</i> CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4806 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totalled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i> RECEIVED BY
1. Kelli Tanger 6821 W. Joliet Rd. LaPorte, IN 46350 Contributor's Occupation (if required) <u>Candidate</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$800.00	\$800.00	2/1/2022 Kelli Tanger
2. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 800.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
Code <u>A</u> Walmart 333 Boyd Blvd LaPorte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$24.00		10/24/22
Code <u>A</u> VistaPrint (Online)		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$62.16		10/24/2022
Code <u>A</u> Reprographic Arts 2824 E Michigan Blvd Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$275.00		9/29/2022
Code <u>A</u> VistaPrint (online)		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$85.68		9/26/2022
Code <u>A</u> Region Press (online)		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$313.89		4/27/2022
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 760.73		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 760.73		