



**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. →

460-75-42

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Kiel	First Name Kelly	Middle Name Anne	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) PO Box 53, LaCrosse, IN 46348	5. FAX (Optional) ()	6. E-mail Address (Optional) kellykiel.az@gmail.com
---	--------------------------	---

7. City LaCrosse	State IN	ZIP Code 46348	8. County LaPorte	9. Telephone (Day) (219) 363-4804	10. Telephone (Evening) (219) 363-4804
----------------------------	--------------------	--------------------------	-----------------------------	---	--

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.) LaCrosse Town Clerk-Treasurer
---	---

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.

Committee to Elect Kelly Kiel

14. Mailing Address (number and street, city, state, and ZIP code) PO Box 53, LaCrosse, IN 46348	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional) kellykiel.az@gmail.com
--	--	---------------------------	--

17. City LaCrosse	State IN	ZIP Code 46348	18. County LaPorte	19. Telephone (219) 363-4804	20. Committee Organization Date (mm/dd/yy) 06/30/25
-----------------------------	--------------------	--------------------------	------------------------------	--	--

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

Kelly Kiel

22. Mailing Address (number and street, city, state, and ZIP code) PO Box 53, LaCrosse, IN 46348	<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ()	24. E-mail Address (Optional) kellykiel.az@gmail.com
--	--	---------------------------	--

25. City LaCrosse	State IN	ZIP Code 46348	26. County LaPorte	27. Telephone (Day) (219) 363-4804	28. Telephone (Evening) (219) 363-4804
-----------------------------	--------------------	--------------------------	------------------------------	--	--

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.)
1st Source 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 Kelly Kiel	Signature of the Committee Chairperson Kelly Kiel
---	---	---

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

Kelly Kiel

34. Mailing Address (number and street, city, state, and ZIP code) PO Box 53, LaCrosse, IN 46348	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ()	36. E-mail Address (Optional) kellykiel.az@gmail.com
--	--	---------------------------	--

37. City LaCrosse	State IN	ZIP Code 46348	38. County LaPorte	39. Telephone (Day) (219) 363-4804	40. Telephone (Evening) (219) 363-4804
-----------------------------	--------------------	--------------------------	------------------------------	--	--

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
--	---

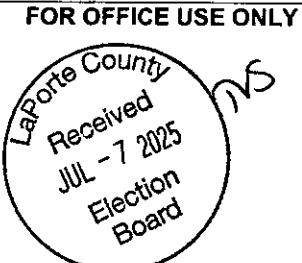
SECTION E. CERTIFICATION OF STATEMENT

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 Kelly Kiel	Signature of Chairperson Kelly Kiel	Date (mm/dd/yy)
---	---	-----------------

43. Typed or Printed Name of Candidate Kelly Kiel	Signature of Candidate Kelly Kiel	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).



**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

460-25-42

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

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) Committee to Elect Kelly Kiel	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 363-4804
4. Mailing Address (Address where all campaign finance correspondence is received.) PO Box 53	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code LaCrosse, IN 46348	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Kelly Anne Kiel	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaCrosse Town Clerk-Treasurer	10. County of Residence LaPorte

TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Promotional <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final Disbands Committee (Lines 13, 14, 16, 21 must be 00) <input type="checkbox"/> Outgoing Treasurer Statement (If any, attach Statement of Disagreement)	<input type="checkbox"/> Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
--	--

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

From: 06/30/25 Through: 12/31/25

CONVENTION CANDIDATES ONLY

COLUMN A
This Period

COLUMN B
Year to Date

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

\$0.00

\$0.00

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.)	\$0.00	\$0.00
15b. Unitemized	\$0.00	\$0.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	\$0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	\$0.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (If Public Question, use Schedule C.)	\$0.00	\$0.00
17b. Unitemized	\$0.00	\$0.00
17c. Add lines 17a and 17b in both columns	SUBTOTAL	\$0.00
18. Cash on hand and investments at close of this reporting period (Subtract 1/c from 16 in both columns)	TOTAL	\$0.00
19. Debts OWED BY the committee (Use Schedule D)	\$0.00	\$0.00
20. Debts OWED TO the committee (Use Schedule F)	\$0.00	\$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.

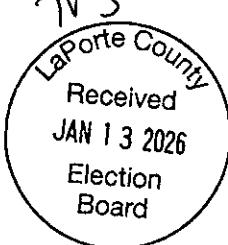
If a Treasurer of a PAC I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution. *Yes* *No*

Signature of Treasurer <i>Kelly Kiel</i>	Title Candidate/Treasurer	Date (mm/dd/yy) 01/03/25
---	------------------------------	-----------------------------

Signature of Candidate (if applicable) <i>Kelly Kiel</i>	Date (mm/dd/yy) 01/03/25
---	-----------------------------

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 3-14-1-1). 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


NS
 LaPorte County
 Received
 JAN 13 2026
 Election Board