



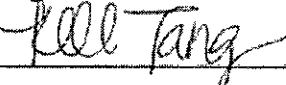
**CANDIDATE'S STATEMENT OF ORGANIZATION AND (CFA-1) DESIGNATION OF
PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE
SIDE.**

					FILE NUMBER
1. IS THIS AN AMENDMENT? Yes <input checked="" type="checkbox"/> If Yes, please enter the file number in this box. →					46-25-53
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) Candidate's Principal Committee, 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)
7. City LaPorte	State IN	ZIP Code 46350	8. County LaPorte	9. Telephone (Day) (219) 649-1224	10. Telephone (Evening) (219) 649-1224
11. Party Affiliation Democratic Libertarian Republican 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.) Check if this is a new name. Kelli Tanger New Durham Township Trustee					
14. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 6821 W. Joliet Rd.			15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City LaPorte	State IN	ZIP Code 46350	18. County LaPorte	19. Telephone (219)267-0733	20. Committee Organization Date (mm/dd/yy) 06302025
21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.					
22. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 6821 W. Joliet Rd.			23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City LaPorte	State IN	ZIP Code 46350	26. County LaPorte	27. Telephone (Day) (219) 649-1224	28. Telephone (Evening) (219) 649-1224
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) None					
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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 Samuel Tanger			Signature of the Committee Chairperson <i>Kelli Tanger</i>	

33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer. Samuel Tanger					
34. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 6821 W. Joliet Rd				35. FAX (Optional) ()	36. E-mail Address (Optional)
37. City LaPorte	State IN	46350	38. County LaPorte	39. Telephone (Day) (219) 851-1159	40. Telephone (Evening) (219) 851-1159
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 Samuel Tanger	Signature of Chairperson 			Date (mm/dd/yy) 6/30/25	
43. Typed or Printed Name of Candidate Kelli Tanger	Signature of Candidate 			Date (mm/dd/yy) 6/30/25	
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



**INSTRUCTIONS FOR
COMPLETING THIS FORM**

This is a dual purpose form. The most common use of this form is to designate a candidate's principal committee in which the candidate is both the chairperson and treasurer. The form enables the candidate to organize and at the same time designate the candidate's principal committee as required by IC 3-9-1-3, IC 3-9-1-4 & IC 3-9-1-5.

The form also allows a person exploring opportunities for seeking a political office but who has not definitely decided to be a candidate for a particular office to organize an exploratory committee. If the candidate is not yet a candidate for a specific office, check "exploratory committee" under Section A 3. When the candidate does become a candidate for a specific office, an amended CFA-1 must be filed.

The preparer should type or print legibly in black ink all information on this form. If more space is needed please attach additional sheets. All versions of State Form 4604 prior to revision (R10/10-01) are obsolete and cannot be used (IC 3-5-4-8). State law requires that any changes on this form must be reported **WITHIN TEN (10) DAYS OF THE CHANGE**.

ITEM 1. IS THIS AN AMENDMENT? Check the appropriate box. If "YES" is checked, enter the file number in the file

number box and go on to Section A. If "NO" is checked, proceed directly to Section A.

SECTION A. CANDIDATE INFORMATION: Enter the name of the candidate, as set forth in the candidate's voter registration record and any nickname the candidate uses.

TYPE OF COMMITTEE. See second paragraph above. Be sure to enter the full and current address and the ZIP Code+4, if known. Under party affiliation, enter the party the candidate supports. If no party is supported, enter "Independent." A "Write-In" candidate should follow the same procedure; do not write "Write-In."

OFFICE BEING SOUGHT. Enter the full name of that office. For example, "Indiana State Senator, District ____." **This box is not required to be completed by an exploratory committee.**

SECTION B. COMMITTEE INFORMATION: Do not use any abbreviations in the committee name. Check the new name box if this is a new name. Be sure to enter the full and current mailing address. All correspondence with the committee relative to filings under the Campaign Finance Act will be



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)
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

410-25-53

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) Check if this is a new name.
Kelli Tanger New Durham Township Trustee

2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number
(219) 649-1224

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
6821 W. Joliet Rd.

5. City, State, ZIP Code
LaPorte, IN 46350 6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) 8. Party Affiliation or If Independent Candidate
Kelli Tanger Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence
New Durham Township Trustee LaPorte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 Pre-Primary Pre-Election Annual Nomination Other _____
 Final / Disbands Committee (Lines 16, 19, and 20 must be "0") Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):
From: 1/1/2025 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. 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

15b. Unitemized 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

17b. Unitemized 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.

Signature of Treasurer 	Title Treasurer	Date (mm/dd/yy) 1/1/2026
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Signature of Candidate (if applicable) 	Date (mm/dd/yy) 1/1/2026
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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, *TNS*
Received
JAN - 2 2026
Election Board