




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"/> No <input 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) <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) | | |
| 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 <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | 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) 06/30/2025 | | |
| 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 checked="" type="checkbox"/> No <input 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 | | | |

| | | | | | | |
|--|-------------|--|-----------------------|---|---|--|
| 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 <i>Samuel Tanger</i> | | |
| SECTION E. CERTIFICATION OF STATEMENT | | | | | FOR OFFICE USE ONLY  TNS | |
| 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 <i>Samuel Tanger</i> | | Date (mm/dd/yy) 6/30/25 | | |
| 43. Typed or Printed Name of Candidate Kelli Tanger | | Signature of Candidate <i>Kelli Tanger</i> | | 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). | | | | | | |

**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)

(CFA-4)

Summary Sheet

FILE NUMBER

416-25-53

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) ☐ 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.)
Kelli Tanger

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)
New Durham Township Trustee

10. County of Residence
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

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

Signature of Candidate (if applicable)

Date (mm/dd/yy)

1/1/2026

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

