



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. →

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

2. Last Name Kelley		First Name Torie		Middle Name Marea		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) 2430 N Bell St Kokomo, IN 46901						5. FAX (Optional)		6. E-mail Address (Optional) torie.bowling@gmail.com	
7. City Kokomo		State IN	ZIP Code 46901	8. County Howard		9. Telephone (Day) (715) 271-4254		10. Telephone (Evening)	
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.) Becomer			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Committee to Elect Torie Kelley									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2430 N Bell St						15. FAX (Optional)		16. E-mail Address (Optional)	
17. City Kokomo		State IN	ZIP Code 46901	18. County Howard		19. Telephone 715 271-4254		20. Committee Organization Date (mm/dd/yy)	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Jennifer Jack									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1406 N 800 E						23. FAX (Optional)		24. E-mail Address (Optional) jenniferjack0214@gmail.com	
25. City Greentown		State IN	ZIP Code 46936	26. County Howard		27. Telephone (Day) 715 431-2985		28. Telephone (Evening)	
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.) Community First Bank, 201 W Sycamore St Kokomo, IN 46901									
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 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. Torie Kelley						Person Appointed Treasurer				Signature of the Committee Chairperson <i>Jennifer Jack</i>	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Torie Marea Kelley											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2430 N Bell St						35. FAX (Optional)		36. E-mail Address (Optional) Torie.bowling@gmail.com			
37. City Kokomo		State IN	ZIP Code 46901	38. County Howard		39. Telephone (Day) 715 271-4254		40. Telephone (Evening) 715 271-4254			

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			
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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 Jennifer Jack			Signature of Chairperson <i>Jennifer Jack</i>			Date (mm/dd/yy) 7/13/22			
43. Typed or Printed Name of Candidate			Signature of Candidate			Date (mm/dd/yy)			

FOR OFFICE USE ONLY

FILED

JUL 14 2022

DEBBIE STEWART
Clerk Howard Cir. Court

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).



**STATEMENT OF ECONOMIC INTERESTS
FOR LOCAL AND SCHOOL BOARD OFFICES**

(CAN-12)

State Form 55128 (R / 8-19)
Indiana Election Division (IC 3-8-9)

INSTRUCTIONS: This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) certificate of nomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of intent to be a write-in candidate; or (6) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office. **NOTE:** A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filing with the office described in IC 3-8-2-6.

STATE OF INDIANA
COUNTY OF Howard

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:

2021

NOTE: Insert "Not Applicable" where appropriate.

I, Torie Kelley the undersigned, certify the following:
Name of Candidate or Person Filing Vacant Office

- (1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is Recorder. (Include district, if applicable.)
- (2) The name of my spouse was Corey R Kelley.
- (3) The name of my employer and the nature of its business was Howard Co Recorder's office - Chief deputy Recorder.
- (4) The name of the employer of my spouse and the nature of its business was Western School Corp Maintenance Plant Operator
US ARMY National - Squad leader
- (5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was N/A.
- (6) If I operated a professional practice, the name of the professional practice and the nature of its business was N/A.
- (7) If I was a member of a partnership, the name of the partnership and the nature of its business was N/A.
- (8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was N/A.
- (9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was N/A.
- (10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was N/A.
- (11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was N/A.
- (12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was N/A.

COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.

I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the 14 day of July, 2022

Torie Kelley
Signature

Torie Kelley
Printed Name

STATE OF INDIANA

COUNTY OF HOWARD

Subscribed and affirmed to before me this 14 day of July, 2022
Debbie Stewart
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12.31.22

County of Residence: Howard

FILED

SEAL

JUL 14 2022

DEBBIE STEWART
Clerk Howard Cir. Court