



**CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R14 / 10-17)  
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. →* 3218.066

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

2. Last Name: Knierim First Name: Scott Middle Name: William Nickname: \_\_\_\_\_  
3. Type of Committee (Check one)  
 Candidate's Principal Committee  
 Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code): 5242 McKellips Court 5. FAX (Optional): \_\_\_\_\_ 6. E-mail Address (Optional): \_\_\_\_\_

7. City: PLAINFIELD State: IN ZIP Code: 46168 8. County: HENDRICKS 9. Telephone (Day): (317) 544-0958 10. Telephone (Evening): (317) 544-0958

11. Party Affiliation:  Democratic  Libertarian  Republican  Other \_\_\_\_\_ 12. Office Sought (Include district number, if any. Not required for an exploratory committee.): Judge of Plainfield Town Court

**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. Knierim For Judge Committee

14. Mailing Address (number and street, city, state, and ZIP code)  Check if this is a new address. 15. FAX (Optional): \_\_\_\_\_ 16. E-mail Address (Optional): \_\_\_\_\_

17. City: PLAINFIELD State: IN ZIP Code: 46168 18. County: HENDRICKS 19. Telephone: (317) 544-0958 20. Committee Organization Date (mm/dd/yy): 8-10-18

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. 23. FAX (Optional): \_\_\_\_\_ 24. E-mail Address (Optional): \_\_\_\_\_

25. City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ 26. County: \_\_\_\_\_ 27. Telephone (Day): \_\_\_\_\_ 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.) CITIZENS 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.)  Yes  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: JOHN C. ANDERSON Signature of the Committee Chairperson: [Signature]

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

34. Mailing Address (number and street, city, state, and ZIP code)  Check if this is a new address. 35. FAX (Optional): \_\_\_\_\_ 36. E-mail Address (Optional): JAnderson83@outlook.com

37. City: Plainfield State: IN ZIP Code: 46168 38. County: Hendricks 39. Telephone (Day): (317) 431-0544 40. Telephone (Evening): \_\_\_\_\_

**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: [Signature]

**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: Scott Knierim Signature of Chairperson: [Signature] Date (mm/dd/yy): 8-10-18

43. Typed or Printed Name of Candidate: Scott Knierim Signature of Candidate: [Signature] Date (mm/dd/yy): 8-10-18

**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**  
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