



**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. →*

32-25-071

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

2. Last Name Kathryn		First Name Marie		Middle Name Kuehn		Nickname Kate		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) 51 West Main Street					5. FAX (Optional) ()		6. E-mail Address (Optional)		
7. City Danville		State IN	ZIP Code 46122	8. County Hendricks		9. Telephone (Day) (317) 745-9305		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.) Hendricks County Superior Court Judge				

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

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Kuehn for Judge									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 51 East Main Street					15. FAX (Optional) ()		16. E-mail Address (Optional)		
17. City Danville		State IN	ZIP Code 46122	18. County Hendricks		19. Telephone (317) 745-9305		20. Committee Organization Date (mm/dd/yy) 07/09/25	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Kathryn M. Kuehn									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 51 West Main Street					23. FAX (Optional) ()		24. E-mail Address (Optional)		
25. City Danville		State IN	ZIP Code 46122	26. County Hendricks		27. Telephone (Day) (317) 745-9305		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.) None									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A					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 Christopher E. Kuehn			Signature of the Committee Chairperson 		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Christopher E. Kuehn								
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 336 East Main Street					35. FAX (Optional) ()		36. E-mail Address (Optional)	
37. City Plainfield		State IN	ZIP Code 46168	38. County Hendricks		39. Telephone (Day) (317) 839-3559		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
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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 Kathryn M. Kuehn	Signature of Chairperson 	Date (mm/dd/yy) 07/09/25
43. Typed or Printed Name of Candidate Kathryn M. Kuehn	Signature of Candidate 	Date (mm/dd/yy) 07/09/25

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

Margie Pike

2025 JUL -9 PM 12:00

FILED
CLERK OF HENDRICKS COUNTY