



**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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. →					32-25-071
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SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Kuehn	First Name Kathryn	Middle Name Marie	Nickname Kate	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) 336 East Main Street	5. FAX (Optional) ()	6. E-mail Address (Optional)
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7. City Plainfield	State IN	ZIP Code 46168	8. County Hendricks	9. Telephone (Day) (317) 839-3559	10. Telephone (Evening) (317) 839-3559
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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
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SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) Kuehn for Judge	<input type="checkbox"/> Check if this is a new name.
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14. Mailing Address (number and street, city, state, and ZIP code) 336 East Main Street	<input checked="" type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional)
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17. City Plainfield	State IN	ZIP Code 46168	18. County Hendricks	19. Telephone (317) 839-3559	20. Committee Organization Date (mm/dd/yy) 07/09/2025
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21. Chairperson's Full Name Kathryn M. Kuehn	<input checked="" type="checkbox"/> Designate Candidate as Chairperson.	<input type="checkbox"/> Check if this is a new chairperson.
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22. Mailing Address (number and street, city, state, and ZIP code) 336 East Main Street	<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ()	24. E-mail Address (Optional)
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25. City Plainfield	State IN	ZIP Code 46168	26. County Hendricks	27. Telephone (Day) (317) 839-3559	28. Telephone (Evening) (317) 839-3559
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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
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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
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33. Treasurer's Full Name Christopher E. Kuehn	<input type="checkbox"/> Designate candidate as treasurer.	<input type="checkbox"/> Check if this is a new treasurer.
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34. Mailing Address (number and street, city, state, and ZIP code) 336 East Main Street	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ()	36. E-mail Address (Optional)
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37. City Plainfield	State IN	ZIP Code 46168	38. County Hendricks	39. Telephone (Day) (317) 839-3559	40. Telephone (Evening) (317) 839-3559
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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) 01/20/2026
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43. Typed or Printed Name of Candidate Kathryn M. Kuehn	Signature of Candidate 	Date (mm/dd/yy) 01/20/2026
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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
2026 JAN 21 AM 8:08
Manjari Pike
FILED
CLERK OF THE HENDRICKSON