



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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>						2020-01
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
2. Last Name McKim		First Name Geoffrey		Middle Name William	Nickname Geoff	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) 3714 N Bittersweet Dr				5. FAX (Optional) ()	6. E-mail Address (Optional) geoff.mckim@gmail.com	
7. City Bloomington	State IN	ZIP Code 47408	8. County Monroe	9. Telephone (Day) (812) 360-7981		10. Telephone (Evening) (812) 360-7981
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) County Council At-Large			
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. McKim for County Council						
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3714 N Bittersweet Dr				15. FAX (Optional) ()	16. E-mail Address (Optional)	
17. City Bloomington	State IN	ZIP Code 47408	18. County Monroe	19. Telephone (812) 3607981		20. Committee Organization Date (mm/dd/yy) 1/3/2020
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Eric Schmitz						
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5431 E Kings Rd				23. FAX (Optional) ()	24. E-mail Address (Optional) eric@geometaphors.com	
25. City Bloomington	State IN	ZIP Code 47408	26. County Monroe	27. Telephone (Day) (812) 360-1527		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.) TBD						
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 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 Sue Sgambelluri	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. Susan M. Sgambelluri						
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3909 N Whitewood Way				35. FAX (Optional) ()	36. E-mail Address (Optional) bloomingtonsue@gmail.com	
37. City Bloomington	State IN	ZIP Code 47404	38. County Monroe	39. Telephone (Day) (812) 345-3215		40. Telephone (Evening) (812) 345-3215
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		
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 Eric Schmitz		Signature of Chairperson <i>Eric Schmitz</i>		Date (mm/dd/yy) 1/6/2020		
43. Typed or Printed Name of Candidate Geoff McKim		Signature of Candidate <i>Geoff McKim</i>		Date (mm/dd/yy) 01/05/2020		
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

FILED

JAN 06 2020

CLERK MONROE CIRCUIT COURT