



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 Krothe		First Name Kara		Middle Name E	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) 1507 East Browning Lane, Bloomington, IN 47401					5. FAX (Optional)		6. E-mail Address (Optional) karakrothe@hotmail.com		
7. City Bloomington		State IN	ZIP Code 47401	8. County Monroe		9. Telephone (Day) (812) 322-0009		10. Telephone (Evening) (812) 322-0009	
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.) Monroe Circuit Court Judge, Seat 5 D8				

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. Kara Krothe for Judge									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1507 East Browning Lane					15. FAX (Optional)		16. E-mail Address (Optional) karakrotheforjudge@gmail.com		
17. City Bloomington		State IN	ZIP Code 47401	18. County Monroe		19. Telephone (812) 322-0009		20. Committee Organization Date (mm/dd/yy) 01/14/2020	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Susan Anne Johnson									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. P.O. Box 1753, Bloomington, IN 47402					23. FAX (Optional)		24. E-mail Address (Optional)		
25. City Bloomington		State IN	ZIP Code 47402	26. County Monroe		27. Telephone (Day) (812) 327-4660		28. Telephone (Evening) (812) 327-4660	
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.) IU Credit Union									
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 Kathryn Jean Cochard			Signature of the Committee Chairperson <i>Susan Anne Johnson</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Kathryn Jean Cochard									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3230 E. Kensington Park Drive, Bloomington, IN 47401					35. FAX (Optional)		36. E-mail Address (Optional) kcochard@hotmail.com		
37. City Bloomington		State IN	ZIP Code 47401	38. County Monroe		39. Telephone (Day) (812) 320-1034		40. Telephone (Evening) (812) 320-1034	

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 <i>Kathryn Jean Cochard</i>		
--	--	--	--	--	--

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.			FOR OFFICE USE ONLY		
42. Typed or Printed Name of Chairperson Susan Anne Johnson		Signature of Chairperson <i>Susan Anne Johnson</i>		Date (mm/dd/yy) 1/14/2020	
43. Typed or Printed Name of Candidate Kara E Krothe		Signature of Candidate <i>Kara E Krothe</i>		Date (mm/dd/yy) 1/14/2020	

FILED
JAN 14 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).

CLERK MONROE CIRCUIT COURT