



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. →*

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

2. Last Name Alter		First Name Justin		Middle Name M.	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) 1112 Arundel Drive				5. FAX (Optional) ()		6. E-mail Address (Optional) justin@alterandrokey.com	
7. City Kokomo	State IN	ZIP Code 46901	8. County Howard	9. Telephone (Day) (765) 437-0183		10. Telephone (Evening) (765) 437-0183	
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.) Judge, Superior Court 4			

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. Committee to Elect Justin Alter Judge							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2704 S. Goyer Road				15. FAX (Optional) ()		16. E-mail Address (Optional) justin@alterandrokey.com	
17. City Kokomo	State IN	ZIP Code 46902	18. County Howard	19. Telephone (765) 437-0183		20. Committee Organization Date (mm/dd/yy) 02/08/2018	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. R. Brad Bray							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4807 Ridge Road				23. FAX (Optional) ()		24. E-mail Address (Optional) brad3470@comcast.net	
25. City Kokomo	State IN	ZIP Code 46901	25. County Howard	27. Telephone (Day) (765) 437-4847		28. Telephone (Evening) (765) 437-4847	
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.) Community First 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.) <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 Carmen Jane Martin		Signature of the Committee Chairperson <i>R. Brad Bray</i>			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Carmen Jane Martin							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 7900 W. 220 S.				35. FAX (Optional) ()		36. E-mail Address (Optional) janie@alterandrokey.com	
37. City Russiaville	State IN	ZIP Code 46901	38. County Howard	39. Telephone (Day) (765) 753-0433		40. Telephone (Evening) (765) 753-0433	

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>Carmen Jane Martin</i>					
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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 R. Brad Bray	Signature of Chairperson <i>R. Brad Bray</i>	Date (mm/dd/yy) 02/08/18
43. Typed or Printed Name of Candidate Justin M. Alter	Signature of Candidate <i>Justin M. Alter</i>	Date (mm/dd/yy) 02/08/18

FOR OFFICE USE ONLY

FILED

FEB 09 2018

KIM WILSON
Clerk Howard Cir. Court

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).