CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10) Indiana Election Commission (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? ☐ No ☑ Yes 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 ☑ SCALES First Name ☑ CHRISTINE MIDDLE NAME ☑ E. NICKNAME ☑

FAX (Optional) 6. E-mail Address (Optional)

ccales2008@yahoo.com

7. City ☑ INDIANAPOLIS State ☑ IN ZIP Code ☑ 46250 County ☑ MARION
telephone (Day) ☑ 317-578-8941 (same)

11. Party Affiliation ☐ Democratic ☐ Libertarian ☐ Republican ☐ Other □

12. Office Sought (Include district number, if any. Not required for an exploratory committee.)

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

14. Mailing Address ☑ Check if this is a new address

FAX (Optional) 15. E-mail Address (Optional)

16. Committee Organization Date (MM-DD-YY) 20. Morse Code (Optional)

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:

33. Treasurer's Full Name ☑ Designate candidate as treasurer Check if this is a new treasurer

34. Mailing Address ☑ Check if this is a new address

35. FAX (Optional) 36. E-mail Address (Optional)

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).

42. Typed or Printed Name of Chairperson Signature of Chairperson Date (MM-DD-YY)

Joseph Allan Scales

37. City ☑ INDIANAPOLIS State ☑ IN ZIP Code ☑ 46250 County ☑ MARION

telephone (Day) ☑ 317-578-8941 (same)

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.

43. Typed or Printed Name of Candidate Signature of Candidate Date (MM-DD-YY)

FOR OFFICE USE ONLY

FILED
Dec 17 2014

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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).