



**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. →

32-25-071

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

|   |                       |                      |  |  |
|---|-----------------------|----------------------|--|--|
| 2. Last Name<br>Simpson   | First Name<br>Matthew | Middle Name<br>Allen | Nickname<br>Matt   | 3. Type of Committee (Check one)<br><input type="checkbox"/> Candidate's Principal Committee<br><input type="checkbox"/> Exploratory Committee |
| 4. Mailing Address (number and street, city, state, and ZIP code)<br>8 Oakmont Drive  |                       |                      | 5. FAX (Optional)<br>( )   | 6. E-mail Address (Optional)<br>masimpson0116@yahoo.com  |
| 7. City<br>Brownsburg   | State<br>IN           | ZIP Code<br>46112    | 8. County<br>Hendricks   | 9. Telephone (Day)<br>(317) 414-4151   |
|   |                       |                      | 10. Telephone (Evening)<br>(317) 414-4151  |  |
| 11. Party Affiliation<br><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.)<br>Brownsburg Town Council, Ward 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.<br>Matt Simpson For Brownsburg Town Council                                   |             |                   |   |  |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.<br>8 Oakmont Drive                                      |             |                   | 15. FAX (Optional)<br>( )   | 16. E-mail Address (Optional)<br>masimpson0116@yahoo.com |
| 17. City<br>Brownsburg  | State<br>IN | ZIP Code<br>46112 | 18. County<br>Hendricks   | 19. Telephone (Day)<br>(317) 414-4151                    |
|   |             |                   | 20. Committee Organization Date (mm/dd/yy)<br>07-10-2025  |  |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.<br>Matthew Simpson |             |                   |   |  |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.<br>8 Oakmont Drive                                      |             |                   | 23. FAX (Optional)<br>( )   | 24. E-mail Address (Optional)                            |
| 25. City<br>Brownsburg  | State<br>IN | ZIP Code<br>46112 | 26. County<br>Hendricks   | 27. Telephone (Day)<br>(317) 414-4151                    |
|   |             |                   | 28. Telephone (Evening)<br>(317) 414-4151   |  |
| 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.)<br>NA   |             |                   |   |  |
| 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.<br>Kimberly Simpson                                   | Person Appointed Treasurer<br>Kimberly Simpson | Signature of the Committee Chairperson<br> |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.<br>Kimberly Simpson |  |  |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.<br>8 Oakmont Drive                      |  | 35. FAX (Optional)<br>( )                  |
|   |  | 36. E-mail Address (Optional)              |
| 37. City<br>Brownsburg  | State<br>IN                                    | ZIP Code<br>46112                          |
| 38. County<br>Hendricks   | 39. Telephone (Day)<br>(317) 250-0575          | 40. Telephone (Evening)<br>(317) 250-0575  |

**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<br> |
|--|---|

**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<br>Matthew Simpson | Signature of Chairperson<br> | Date (mm/dd/yy)<br>07-10-2025 |
| 43. Typed or Printed Name of Candidate<br>Matthew Simpson   | Signature of Candidate<br>   | Date (mm/dd/yy)<br>07-10-2025 |

**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  
CLERK OF HENDRICKS COUNTY  
2025 JUL 10 AM 10:14  
Thompson, Tim