



**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. → 32-25-047

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

2. Last Name Simmons		First Name Cynthia		Middle Name Lynne	Nickname Cindy	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) 8278 E. Co. Rd. 3005 Plainfield, IN 46168						5. FAX (Optional)
6. E-mail Address (Optional) simmons.c54@gmail.com						
7. City Plainfield	State IN	ZIP Code 46168	8. County Hendricks	9. Telephone (Day) 317-838-8843	10. Telephone (Evening) 317-908-1532	
11. Party Affiliation <input 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.) Avon School Board 2B			

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. Elect Simmons					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 8278 E. Co. Rd 3005					
15. FAX (Optional)	16. E-mail Address (Optional)				
17. City Plainfield	State IN	ZIP Code 46168	18. County Hendricks	19. Telephone 317-908-1532	20. Committee Organization Date (mm/dd/yy) 3/17/2017
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Cynthia Simmons					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 8278 E. Co. Rd. 3005					
23. FAX (Optional)	24. E-mail Address (Optional)				
25. City Plainfield	State IN	ZIP Code 46168	26. County Hendricks	27. Telephone (Day) 317-838-8843	28. Telephone (Evening) 317-908-1532
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.) Chase					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee, only.) Elect School Board (Avon)					
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 Cynthia L. Simmons	Signature of the Committee Chairperson Cynthia Simmons
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Cynthia L. Simmons			
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 8278 E. Co. Rd 3005			
35. FAX (Optional)	36. E-mail Address (Optional)		
37. City Plainfield	State IN	ZIP Code 46168	38. County Hendricks
39. Telephone (Day) 317-838-8843	40. Telephone (Evening) 317-908-1532		

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 Cynthia Simmons
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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 Cynthia L. Simmons	Signature of Chairperson Cynthia L. Simmons	Date (mm/dd/yy) 6/30/2025
43. Typed or Printed Name of Candidate Cynthia L. Simmons	Signature of Candidate Cynthia L. Simmons	Date (mm/dd/yy) 6/30/2025

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

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CLERK OF THE INDIANA COURT
2025 JUN 30 PM 2:36
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