



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

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

32-26-021

<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>				
2. Last Name <i>Simmons</i>	First Name <i>Cynthia</i>	Middle Name <i>Lynne</i>	Nickname <i>Cindy</i>	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) <i>8278 E. Co. Rd. 300 S.</i>	5. FAX (Optional) ( )		6. E-mail Address (Optional)	
7. City <i>Plainfield</i>	State <i>IN</i>	ZIP Code <i>46168</i>	8. County <i>Hendricks</i>	9. Telephone (Day) <i>(317) 908-1532</i>
10. Telephone (Evening) <i>(317) 838-8843</i>	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.) <i>Hendricks Co. Council 01</i>				
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>				
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. <i>Elect Cindy Simmons</i>				
14. Mailing Address (number and street, city, state, and ZIP code) <i>8278 E. Co Rd 300S</i>	15. FAX (Optional) ( )		16. E-mail Address (Optional)	
17. City <i>Plainfield</i>	State <i>IN</i>	ZIP Code <i>46168</i>	18. County <i>Hendricks</i>	19. Telephone <i>(317) 908-1532</i>
20. Committee Organization Date <i>(mm/dd/yy) 02/03/2026</i>	21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <i>Cynthia Lynne Simmons</i>			
22. Mailing Address (number and street, city, state, and ZIP code) <i>8278 E. Co. Rd 300S</i>	23. FAX (Optional) ( )		24. E-mail Address (Optional)	
25. City <i>Plainfield</i>	State <i>IN</i>	ZIP Code <i>46168</i>	26. County <i>Hendricks</i>	27. Telephone (Day) <i>(317) 908-1532</i>
28. Telephone (Evening) <i>(317) 838-8843</i>	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.) <i>Chase</i>			
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) <i>To receive and expend funds to enter communities to office N</i>				
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				
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>				
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <i>Cynthia Lynne Simmons</i>	Person Appointed Treasurer <i>Cynthia Simmons</i>		Signature of the Committee Chairperson <i>Cynthia Simmons</i>	
33. Treasurer's Full Name <i>Cynthia Lynne Simmons</i>				
34. Mailing Address (number and street, city, state, and ZIP code) <i>8278 E. Co. Rd 300 S.</i>	35. FAX (Optional) ( )		36. E-mail Address (Optional)	
37. City <i>Plainfield</i>	State <i>IN</i>	ZIP Code <i>46168</i>	38. County <i>Hendricks</i>	39. Telephone (Day) <i>(317) 908-1532</i>
40. Telephone (Evening) <i>(317) 838-8843</i>				
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>				
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). <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <i>Cynthia Simmons</i>	Signature of Person Accepting Appointment <i>Cynthia Simmons</i>			
<b>SECTION E. CERTIFICATION OF STATEMENT</b>				
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 <i>Cynthia Simmons</i>	Signature of Chairperson <i>Cynthia Simmons</i>		Date (mm/dd/yy) <i>2/2/2026</i>	
43. Typed or Printed Name of Candidate <i>Cynthia Simmons</i>	Signature of Candidate <i>Cynthia Simmons</i>		Date (mm/dd/yy) <i>2/2/2026</i>	
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).				

Simmons 0C54C