



**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 First Name Middle Name Nickname 3. Type of Committee (Check one)
Hohman Cynthia Louise Cindy ☒ Candidate's Principal Committee
☐ Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code) 5. FAX (Optional) 6. E-mail Address (Optional)
15 Tyler Ct, Brownsburg, IN 46112 Cindy.Hohman01@gmail.com

7. City State ZIP Code 8. County 9. Telephone (Day) 10. Telephone (Evening)
Brownsburg IN 46112 Hendricks 317852-4192 317627-8393

11. Party Affiliation 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
☒ Democratic ☐ Libertarian ☐ Republican ☐ Other Lincoln Twp Board Member, 4th District

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

13. Full Name of Committee (Do not abbreviate.) ☐ Check if this is a new name.
Cindy Hohman for Lincoln Township

14. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 15. FAX (Optional) 16. E-mail Address (Optional)
15 Tyler Ct, Brownsburg, IN 46112 Cindy.Hohman01@gmail.com

17. City State ZIP Code 18. County 19. Telephone 20. Committee Organization Date (mm/dd/yy)
Brownsburg IN 46112 Hendricks 317852-4192 01/9/18

21. Chairperson's Full Name ☒ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson.
Cynthia Louise Hohman

22. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 23. FAX (Optional) 24. E-mail Address (Optional)
15 Tyler Ct, Brownsburg, IN 46112 Cindy.Hohman01@gmail.com

25. City State ZIP Code 26. County 27. Telephone (Day) 28. Telephone (Evening)
Brownsburg IN 46112 Hendricks 317852-4192 317627-8393

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.)
Teacher's Credit Union

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.) ☐ Yes ☒ 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 Signature of the Committee Chairperson
Cynthia L. Hohman Cynthia L. Hohman

33. Treasurer's Full Name ☒ Designate candidate as treasurer. ☐ Check if this is a new treasurer.
Cynthia Louise Hohman

34. Mailing Address (number and street, city, state, and ZIP code) ☐ Check if this is a new address. 35. FAX (Optional) 36. E-mail Address (Optional)
15 Tyler Ct, Brownsburg, IN 46112 Cindy.Hohman01@gmail.com

37. City State ZIP Code 38. County 39. Telephone (Day) 40. Telephone (Evening)
Brownsburg IN 46112 Hendricks 317852-4192 317627-8393

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 Louise Hohman

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 Signature of Chairperson Date (mm/dd/yy)
Cynthia L. Hohman Cynthia L. Hohman 1/9/18

43. Typed or Printed Name of Candidate Signature of Candidate Date (mm/dd/yy)
Cynthia L. Hohman Cynthia L. Hohman 1/9/18

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

Cynthia Hohman

JAN 11 AM 11:56

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