



**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)

**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.* → **46-24-72**

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

2. Last Name **Levy** First Name **CYNTHIA** Middle Name **J** Nickname **CINDY** 3. Type of Committee (Check one)  
 Candidate's Principal Committee  
 Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code) **2747 Floral Trl** 5. FAX (Optional) ( ) 6. E-mail Address (Optional) **clevy719@att.net**

7. City **Long Beach** State **IN** ZIP Code **46360** 8. County **LaPorte** 9. Telephone (Day) **708,359-4014** 10. Telephone (Evening) **708,359-4014**

11. Party Affiliation  Democratic  Libertarian  Republican  Other **INDEPENDENT** 12. Office Sought (include district number, if any. Not required for an exploratory committee.) **LONG BEACH TOWN COUNCIL**

**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. **Committee to Elect CINDY Levy**

14. Mailing Address (number and street, city, state, and ZIP code)  Check if this is a new address. **2747 Floral Trl** 15. FAX (Optional) ( ) 16. E-mail Address (Optional) ( )

17. City **Long Beach** State **IN** ZIP Code **46360** 18. County **LaPorte** 19. Telephone **708,359-4014** 20. Committee Organization Date (mm/dd/yy) **07/11/24**

21. Chairperson's Full Name  Designate Candidate as Chairperson.  Check if this is a new chairperson.

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) ( )

25. City ( ) State ( ) ZIP Code ( ) 26. County ( ) 27. Telephone (Day) ( ) 28. Telephone (Evening) ( )

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.) **Horizon Bank**

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 **Cynthia Levy** Signature of the Committee Chairperson *Cynthia J. Levy*

33. Treasurer's Full Name  Designate candidate as treasurer.  Check if this is a new treasurer. **Cynthia J. Levy**

34. Mailing Address (number and street, city, state, and ZIP code)  Check if this is a new address. **2747 Floral Trl** 35. FAX (Optional) ( ) 36. E-mail Address (Optional) ( )

37. City **Long Beach** State **IN** ZIP Code **46360** 38. County **LaPorte** 39. Telephone (Day) **708,359-4014** 40. Telephone (Evening) **708,359-4014**

**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 J. Levy*

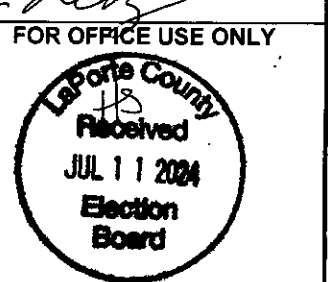
**SECTION E. CERTIFICATION OF STATEMENT**

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 Levy** Signature of Chairperson *Cynthia Levy* Date (mm/dd/yy) **7-11-24**

43. Typed or Printed Name of Candidate **Cynthia Levy** Signature of Candidate *Cynthia Levy* Date (mm/dd/yy) **7-11-24**

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).





**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)  
Summary Sheet**

FILE NUMBER  
**410-24-72**

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?  Yes  No

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. <b>COMMITTEE TO ELECT CINDY LEVY</b>		3. Committee Telephone Number <b>(708) 359-4014</b>
2. Acronym or Abbreviated Name (if any)		
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>2747 Floral Tel</b>		
5. City, State, ZIP Code <b>LONG BEACH IN 46360</b>	6. Party Affiliation (if applicable) <b>N/A INDEPENDENT</b>	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (Include any nickname.) <b>CYNTHIA (CINDY) LEVY</b>		8. Party Affiliation or If Independent Candidate <b>INDEPENDENT</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>TOWN COUNCIL LONG BEACH</b>		10. County of Residence <b>LA PORTE</b>
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period (mm/dd/yy): From: <b>6/30/24</b> Through: <b>10/11/24</b>		COLUMN A This Period <b>0</b>
13. Cash on hand and investments at the beginning of this reporting period.		COLUMN B Year to Date <b>0</b>
14. Cash on hand and investments January 1, current year.		
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL		<b>0</b> <b>0</b>
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized		<b>\$ 128.00</b> <b>3/28.00</b>
17c. Add lines 17a and 17b in both columns. SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL		<b>\$ 128.00</b>
19. Debts OWED BY the committee (Use Schedule D.)		<b>0</b>
20. Debts OWED TO the committee (Use Schedule E.)		<b>0</b>

CERTIFICATION		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.		
Signature of Treasurer <b>Cynthia Levy</b>	Title <b>CANDIDATE</b>	Date (mm/dd/yy) <b>9/17/24</b>
Signature of Candidate (if applicable) <b>Same</b>		Date (mm/dd/yy) <b>9/17/24</b>
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 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, IC 3-9-4-18)		

**FOR OFFICE USE ONLY**

**FILED**

IN CLERKS OFFICE

SEP 20 2024

**La Porte County**  
Clerk of Superior Court  
Received  
SEP 20 2024  
Election Board

NS