



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)

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 ente	r the file nu	ımber in this bo	x. →	46-23-49
SECTION A . CANDIDATE	INFOR	MATION: Fill	in all annlic	able boy	es as fully and	accurat	tely as possible
2. Last Name		st Name	Middle N		Nickname	aooa, a	3. Type of Committee (Check one)
		*4			· · · · · · · · · · · · · · · ·	,	Candidate's Principal Committee
SCHMITT		MARY	1 1	ץמ	Joy		Exploratory Committee
4. Mailing Address (number and street, city,	, state, and ZI	P code)		5. FAX (Opti		6. E-mail	Address (Optional)
1607 OAKS	CT		•	()	N)A	9 rac	e 5601 @yahoo.com
7. City	State	ZIP Code	8. County_	1\ 7	9. Telephone (Day)	-3	10. Telephone (Evening)
LONG BEACH	IN	46360	LAPOI	242	(219) 873-7	1630	() SAME
11, Party Affiliation		10000	12.	Office Sought	(Include district numb	er, if any. N	lot required for an exploratory committee.)
🗖 Democratic 📋 Libertarian 🔲 Repu	ublican 🔲	Other					
SECTION B. COMMITTEE 13, Full Name of Committee (Do not all	E INFOR	RMATION: Fill Check If this is a	in all applic new name.	cable box	es as fully and	accura	tely as possible.
SCHMITT	FOR	COUNC	IL Co	าคาดา	TTFF		İ
SCHMIII 14. Mailing Address (number and street, cit	ty, state, and	ZIP code)	f this is a new ad	dress. 15. FA	X (Optional)	16. E-ma	il Address (Optional)
1607 OAKS	- A	•		 ,	١		
17. City	State	ZIP Code	18. County		19. Telephone	' 	20. Committee Organization Date
l 1	اه سد ا	46360	LAPOR		(219) 873-7	L27	(mm/dd/yy) 8 1 2023
21. Chairperson's Full Name A De	eignate Ca	ndidate se Chairnean				970	01.7.50.25
•			ואטפוטיים וויי	and is a liew (andii porooni,]
MARY Joy 22. Mailing Address (number and street, cit		HM (II	f thin in a nave ad	droop 33 EA	Y (Ontional)	24 E.ma	il Address (Optional)
	y, state, and a	ZIP code)	i mis is a new au	uress. 23. FA	▲ (Optional)	24, L-1110	II Address (Opinonal)
1607 OAKS	State	ZIP Code	26. County	() 27. Telephone <i>(Day)</i>		28. Telephone (Evening)
_	1 .1		. 6				
LONG BEACH 29. Bank or Other Depositories (List a.	IN	46360	LATO				densit boyes or maintains funds
			nich the commit	ee aeposiis iu	nos, noras accounts, n	enis salety	deposit boxes of maintains funds.
FIFTY ThA	DE	ANIC				1 0450 11	700 46
30. Exploratory Committee (Give brief st	atement expla	eining purpose of an explor	atory committee only	reimburser	is and Reimburseme nent for lost wages? If	nts (vviii uid Yes, attacl	e committee pay the candidate a salary or ha copy of the contract.)
i							
L				1		C -	
SECTION C. APPOINTME	ENT OF	TREASURER	(10-3-9-1-12	''	Ciarra tara		
22 I as Chairnerson of t	he force	noing Person Appoi	nted Treasurer		Signature	or the Co	mmittee Chairperson
32. I, as Chairperson of the committee, appoint the following	he foreg ng perso	poing Person Appoints	nted Treasurer	Schmi	T m	Tou	Suntl
SECTION C. APPOINTME 32. I, as Chairperson of the committee, appoint the following Treasurer of the Committee, 33. Treasurer's Full Name Design	he foreg ng perso	poing Person Appoints	nted Treasurer	Schmi	T m	200	Schutt
32. I, as Chairperson of the committee, appoint the following Treasurer of the Committee, and Design	he foreg	poing Person Appoint as ARY date as treasurer.	nted Treasurer	Schmi	T m	700	Sunty
32. I, as Chairperson of the committee, appoint the following Treasurer of the Committee, and Design	ne foreg	poing Person Appoint as ARY date as treasurer.	nted Treasurer Toy Check if this is	CHM I	π M er.	Dor	il Address (Optional)
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32. I, as Chairperson of the committee, appoint the following Treasurer of the Committee, and Treasurer's Full Name Design MARY TOY 34. Malling Address (number and street, city) 37. City SECTION D. ACCEPTAN 41. I give notice that I accept Committee. I am not the chair	parte candid SCUI ity, state, and State TN CE OF the duti	going Person Appoint as ARN	This is a new ad 38. County (IC 3-9-1- cilities of Tre	dress. 35. FA	er. X (Optional) 39. Telephone (Day) (219) 873- his Signature of F	36. E-ma	il Address (Optional) 40. Telephone (Evening) (218 & 73 - 76 3 0
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

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
N

(CFA-4) Summary Sheet

FILE NUMBER

YU-23-49

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name			
SCHMITT FOR COUNCIL COMMITTE				
2. Acronym or Abbreviated Name (if any)				
N/A	(219)873-7	'6 30		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is a new address.			
5. City, State, ZIP Code	6. Party Affiliation (if applica	ble)		
LONG BEACH, IN 46360	NIA IN	TOBOOBOT		
CANDIDATE INFORMATION (For Candidate's C				
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Indep			
MARY JOY SCHMITT	INDEPEND ENT			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence	inty of Residence		
TOWN COUNCIL LONG BEACH	TOWN COUNCIL LONG BEACH LA PORTE			
TYPE OF REPORT	CONV	ENTION CANDIDATES ONLY		
11. Check one:	Check			
Pre-Primary Pre-Election Annual Nomination Other		e-Convention		
Final / Disbands Committee (Lines 18, 19, and 20 must be *0°.) Utgoing Treasurer (Within ten (10) days amend Sta	tement of Organization.) Po	st-Convention		
12. Reporting Period (mm/dd/yy):	COLUMN A	COLUMN B		
From: 06 30 23 Through: 10 1 2 3	This Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.				
14. Cash on hand and investments January 1, current year.		\mathscr{A}		
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)				
15b. Uniternized	TOTAL			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	\mathcal{Q}		
EXPENDITURES	.,			
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<u> </u>	- kin		
17b. Unitemized	\$1250.0	0 \$1250.00		
	BTOTAL			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL \$ 1250.	00 \$ 125V.00		
19. Debts OWED BY the committee (Use Schedule D.)	S			
20. Debts OWED TO the committee (Use Schedule E.)				
CERTIFICATION		FOR OFFICE USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRECT AND COMPLETE	FILE		
Signature of Treasurer Title	Date (mm/dd/yy)	IN CLERKS OFFICE		
Myon Schuto CANDIDATE	10/05/23	>		
Signature of Gandidate (if applicable)	Date (mm/dd/yy)	OCT 1 0 2023		
SAME	10/05/23	1		
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accur	. (10 3-9-4-5) A person who knowing ate report as required by the Indiar	na }		
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-5)-4-16, IC 3-9-4-17, IC 3-9-4-18)	1 / Lamber of treeton		
	• •	CLERK OF LA PORTE CIRCUIT (





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)

Sum	mary	Shee
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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

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)	name.				
SCHMITT FOR COUNCIL COMMITTEE					
			nmittee Telephone Number		
NIA (2)			13-7630	2	
4. Mailing Address (Address where all campaign finance correspondence is received.) □ Check if this is a new address.					
			y Affiliation (if applicable)		
LONG BEACH IN 46360 INDENDENT NIA					
CANDIDATE INFORMATION (For Candidate's C	Committe	ees Only)			
			y Affiliation or If Independent Candidate		
			TUD EPENDENT		
			unty of Residence		
TOWN COUNCIL LONG BEACH		A POR		N CANDIDATE ON V	
TYPE OF REPORT			·	N CANDIDATES ONLY	
11. Check one:		Check one: Pre-Convention			
Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Statement of Org			Pre-Conv		
12. Reporting Period (mm/dd/yy):		COL	LUMN A	COLUMN B	
From: 6/30/23 Through: 12/31/23			s Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		(Z		
14. Cash on hand and investments January 1, current year.			· · · · · · · · · · · · · · · · · · ·	Ø	
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (Use Schedule A.)					
15b. Unitemized			Ø	Ø	
15c. Add lines 15a and 15b in both columns.	TOTAL		0.00	0.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		0.00	0.00	
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)					
17b. Unitemized		\$	250.00	£1500.00	
17c. Add lines 17a and 17b in both columns. SUE	TOTAL		0.00	0.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	\$	2.500.00	\$ 1500.00	
19. Debts OWED BY the committee (Use Schedule D.)	•	, c	<u>カ</u>		
20. Debts OWED TO the committee (Use Schedule E.)		<u> </u>	Ø		
CERTIFICATION				OK OLLICE ARE BULL D	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T			OMPLETE.	IN CLERKS OFFICE	
Signature of Treasurer Sumut Title Council Woman		Date (mm/do コフルス:	131		
Signature of Candidate (if applicable)		<u> </u>	d(W)	JAN -2 2024	
Signature of Carrolluste (if applicable) SAME			728 11	JAN	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.					
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accura Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9			the Indiana (-4-18)	LLADON STEVENS	