



# 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

**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                        | 46-24-81 |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |          |

| COMMITTEE INFORMATION   |  |
|---|--|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name.<br><b>SCHMITT FOR COUNCIL COMMITTEE</b>           | 3. Committee Telephone Number<br><b>(219) 873-7630</b> |
| 2. Acronym or Abbreviated Name (if any)<br><b>NIA</b>   | 6. Party Affiliation (if applicable)<br><b>NIA</b>     |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.<br><b>1607 OAKS CT</b> | 6. Party Affiliation (if applicable)<br><b>NIA</b>     |
| 5. City, State, ZIP Code<br><b>LONG BEACH, IN 46360</b>   | 6. Party Affiliation (if applicable)<br><b>NIA</b>     |

| CANDIDATE INFORMATION (For Candidate's Committees Only)   |  |
|---|--|
| 7. Full Name of Candidate (Include any nicknames.)<br><b>MARY "JOY" SCHMITT</b>   | 8. Party Affiliation or If Independent Candidate<br><b>INDEPENDENT</b> |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br><b>TOWN COUNCIL LONG BEACH</b> | 10. County of Residence<br><b>LAPORTE</b>                              |

| TYPE OF REPORT   | CONVENTION CANDIDATES ONLY  |
|--|---|
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____<br><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:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |

| 12. Reporting Period (mm/dd/yy):  | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
|---|-------------------------|--------------------------|
| From: <b>7/15/24</b> Through: <b>10/7/24</b>                                |                         |                          |
| 13. Cash on hand and investments at the beginning of this reporting period. | <b>\$128.00</b>         |                          |
| 14. Cash on hand and investments January 1, current year.                   |                         | <b>\$128.00</b>          |

| CONTRIBUTIONS AND RECEIPTS   |          |          |
|--|----------|----------|
| <i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i> |          |          |
| 15a. Itemized (Use Schedule A.)  | <b>0</b> | <b>0</b> |
| 15b. Unitemized  | <b>0</b> | <b>0</b> |
| 15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>  | <b>0</b> | <b>0</b> |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>                  |          |          |

| EXPENDITURES  |                 |                 |
|---|-----------------|-----------------|
| <i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>  |                 |                 |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  | <b>0</b>        | <b>0</b>        |
| 17b. Unitemized   | <b>\$128.00</b> | <b>\$128.00</b> |
| 17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>   | <b>\$128.00</b> | <b>\$128.00</b> |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b> | <b>0</b>        | <b>0</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<br><b>M. Joy Schmitt</b>  | Title<br><b>CANDIDATE TREAS.</b> | Date (mm/dd/yy)<br><b>10/7/24</b> |
| Signature of Candidate (if applicable)<br><b>M. Joy Schmitt</b>  |                                  | Date (mm/dd/yy)<br><b>10/7/24</b> |
| <b>WARNING:</b> 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

Laporte County  
Received  
OCT - 7 2024  
Election Board

12:57  
JVS