



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17/8-23)

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 No

(CFA-4)

Summary Sheet

FILE NUMBER

46-24-87

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.

COMMITTEE TO ELECT ANITA REMIJAS

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(312) 307.4411

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.

d300 FLORIMOND DRIVE

5. City, State, ZIP Code

LONG BEACH IN 46360

6. Party Affiliation (if applicable)

INDEPENDENT N/A

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)

ANITA S REMIJAS

8. Party Affiliation (or if Independent Candidate)

INDEPENDENT

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

TOWN COUNCIL LONG BEACH

10. County of Residence

LA PORTE

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:

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 Organization.)

Check one:

Pre-Convention

Post-Convention

12. Reporting Period (mm/dd/yy):

From: **06.15.2024**

Through: **10.15.2024**

COLUMN A

This Period

COLUMN B

Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

128.00

14. Cash on hand and investments January 1, current year.

128.00

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)

Q

Q

15b. Unitemized

Q

Q

15c. Add lines 15a and 15b in both columns.

SUBTOTAL

Q

Q

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

Q

Q

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

Q

Q

17b. Unitemized

128.00

128.00

17c. Add lines 17a and 17b in both columns.

SUBTOTAL

128.00

128.00

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

TOTAL

Q

Q

19. Debts OWED BY the committee (Use Schedule D.)

Q

20. Debts OWED TO the committee (Use Schedule E.)

Q

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

Anita Remijas

CANDIDATE/TREAS
COUNCIL WOMAN

Date (mm/dd/yy)

10.07.24

Date (mm/dd/yy)

10.07.24

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 3-9-4-14) 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

12:51



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(CFA-4)

Summary Sheet

FILE NUMBER

41624-82

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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.
COMMITTEE TO ELECT ANITA REMITAS	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()
N/A	
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address.
2300 FLORIMOND DRIVE	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
LONG BEACH IN 46360	INDEPENDENT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or if Independent Candidate
ANITA S REMITAS	INDEPENDENT
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
TOWN COUNCIL LONG BEACH	LA PORTE

TYPE OF REPORT

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

12. Reporting Period (mm/dd/yy): From: 10.12.24	Through: 12.31.24	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		Q	
14. Cash on hand and investments January 1, current year.			128.00

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		Q	Q
15b. Unitemized		Q	Q
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	Q	Q
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	Q	128.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		Q	Q
17b. Unitemized		Q	128.00
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	Q	128.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	Q	Q
19. Debts OWED BY the committee (Use Schedule D.)		Q	
20. Debts OWED TO the committee (Use Schedule E.)		Q	

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 Anita Remiges	Title Council Woman	Date (mm/dd/yy) 01.07.2025
Signature of Candidate (if applicable) SAME		Date (mm/dd/yy) 01.07.2025

FOR OFFICE USE ONLY



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