



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

46-24-81

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) ☐ Check if this is a new name.

SCHMITT FOR COUNCIL COMMITTEE

2. Acronym or Abbreviated Name (if any)

NIA

3. Committee Telephone Number

(719) 873-7630

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

1607 OAKS CT

5. City, State, ZIP Code

LONG BEACH, IN 46360

6. Party Affiliation (if applicable)

NIA

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

MARY "JOY" SCHMITT

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

LAPORTE

TYPE OF REPORT

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.)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

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

From: 7/15/24 Through: 10/17/24

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.)

\$

\$

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

\$

\$

EXPENDITURES

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

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

\$

\$

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

\$

\$

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

\$

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

\$

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

M. Joy Schmitt

Title

CANDIDATE TREAS.

Date (mm/dd/yy)

10/7/24

Signature of Candidate (if applicable)

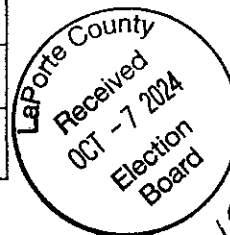
M. Joy Schmitt

Date (mm/dd/yy)

10/7/24

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 3-14-1-14) 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



12:57
NBS



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

(CFA-4)

Summary Sheet

FILE NUMBER

416-24381

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name.

SCHMITT FOR COUNCIL COMMITTEE

2. Acronym or Abbreviated Name (if any)

N/A

3. Committee Telephone Number

(219) 873-7630

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

1607 OAKS CT

5. City, State, ZIP Code

LONG BEACH, IN 46360

6. Party Affiliation (if applicable)

N/A

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

MARY "JOY" SCHMITT

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

LAPORTE

TYPE OF REPORT

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: 10/12/2024 Through: 12/31/2024

COLUMN A
This Period

COLUMN B
Year to Date

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

0

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.)

0

15b. Unitemized

0

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

SUBTOTAL

0

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

TOTAL

0

\$128.00

EXPENDITURES

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

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

0

17b. Unitemized

0

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

SUBTOTAL

0

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

TOTAL

0

\$128.00

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

0

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

0

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

M. Joy Schmitt

Title

CANDIDATE / TREAS

Date (mm/dd/yy)

1/6/2025

Signature of Candidate (if applicable)

M. Joy Schmitt

Date (mm/dd/yy)

1/6/2025

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