

**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

**(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)

**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**

**CONVENTION CANDIDATES ONLY**

11. Check one:

Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_

Check one:

Final / Disbands Committee (Lines 18, 19, and 20 must be "0")  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

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**

**\$128.00**

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**

**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)

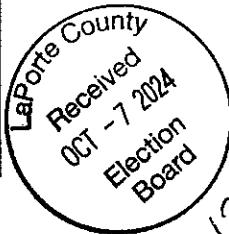
**10/17/24**

Date (mm/dd/yy)

**10/17/24**

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**





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## (CFA-4) Summary Sheet

FILE NUMBER

310-24-81

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)  Check if this is a new name.  
**SCHMITT FOR COUNCIL COMMITTEE**

2. Acronym or Abbreviated Name (if any)  **NIA**

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) **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

### 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: **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**

**\$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.) **0**

**0**

15b. Unitemized **0**

**0**

15c. Add lines 15a and 15b in both columns. **0**

**0**

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

**0**

17b. Unitemized **0**

**0**

17c. Add lines 17a and 17b in both columns. **0**

**0**

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) **0**

**0**

19. Debts OWED BY the committee (Use Schedule D.) **0**

**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 **CANVASSER / 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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