

### 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?

✓ No

(CFA-4) Summary Sheet

3

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1. Full Name of Committee (as on Statement of Organization) Check if this is a new name.  2. Accroym or Abbreviated Name (if any)  2. Accroym or Abbreviated Name (if any)  3. Committee Telephone Number (260 ) 760-1936  4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.  P.O. Box 165  5. City, State, ZIP Code Grabill, IN 46741  CANDIDATE INFORMATION (For Candidate's Committee Only)  7. Full Name of Candidate (Include any nickname.)  Wilmer Delagrange  9. Office Sought (Include district number, if any. Not required for exploratory committee.) Type OF Republican  10. County of Residence Adlen  Type OF Report  11. Check one:  Pre-Primary Pre-Election Annual Nomination Other Pre-Convention  Pre-Convention  12. Reporting Period (mm/dd/yy): From: 01/06/23 Through: 04/07/23 This Period  13. Cash on hand and investments at the beginning of this reporting period.  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  10c. Counts of Counts	COMMITTEE INFORMATION					
4. Mailing Address (Address where all campaign finance correspondence is received.) P.O. Box 165 S. City, State, ZIP Code Grabill, IN 46741  CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) Wilmer Delagrange 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Grabill Town Council  TYPE OF REPORT  CONVENTION CANDIDATES ONLY Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Annual Nomination Other Prost-Convention Final / Disbands Committee (Lines 18, 19, and 20 must be '0') Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)  12. Reporting Period (mm/dd/yy): From: 01/06/23 Through: 04/07/23 Through: 04/07/23 Through O4/07/23 Through O4/07/	1. Full Name of Committee (as on <i>Statement of Organization</i> )					
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CANDIDATE INFORMATION (For Candidate's Committees Only)   Full Name of Candidate (Include any nickname.)   8. Party Affiliation or If Independent Candidate Republican   9. Office Sought (Include district number, if any. Not required for exploratory committee.)   County of Residence Adlen   Candidate Republican   County of Residence Adlen   County of Residence Adlen   Candidate Republican   County of Residence Adlen   Candidate Republican   County of Residence Adlen   Candidate Republican   County of Residence Adlen   County of	4. Mailing Address (Address where all campaign finance correspondence is received.) P.O. Box 165	heck if this is	s a new address.			
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Wilmer Delagrange 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Grabill Town Council  TYPE OF REPORT  11. Check one:    Pre-Primary   Pre-Election   Annual   Nomination   Other   Pre-Convention   Pre-						
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Allen   TYPE OF REPORT   CONVENTION CANDIDATES ONLY						
11. Check one:    Pre-Primary   Pre-Election   Annual   Nomination   Other   Pre-Convention   Post-Convention	Grabill Town Council		of Residence			
Pre-Primary   Pre-Election   Annual   Nomination   Other   Pre-Primary   Pre-Election   Annual   Nomination   Other   Pre-Primary   Pre-Election   Pre-Convention   Post-Convention   Post-Con	TYPE OF REPORT		CONVENTION	N CANDIDATES ONLY		
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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  0.00  50.00  15c. Add lines 15a and 15b in both columns.  SUBTOTAL  50.00  50.00  60.00  EXPENDITURES  (Note: These amounts include in-kind expenditures and loan repayments.)	From: 01/06/23 Through: 04/07/23		This Period	Year to Date		
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15a. Itemized (Use Schedule A.)       50.00       50.00         15b. Unitemized       0.00       0.00         15c. Add lines 15a and 15b in both columns.       SUBTOTAL       50.00       50.00         16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.       TOTAL       50.00       50.00         EXPENDITURES         (Note: These amounts include in-kind expenditures and loan repayments.)						
15b. Unitemized 0.00 0.00  15c. Add lines 15a and 15b in both columns. SUBTOTAL 50.00 50.00  16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL 50.00 50.00  EXPENDITURES  (Note: These amounts include in-kind expenditures and loan repayments.)			50.00	50.00		
15c. Add lines 15a and 15b in both columns.  SUBTOTAL  50.00  50.00  16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  TOTAL  50.00  50.00  TOTAL  (Note: These amounts include in-kind expenditures and loan repayments.)				·		
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EXPENDITURES  (Note: These amounts include in-kind expenditures and loan repayments.)						
(Note: These amounts include in-kind expenditures and loan repayments.)		OTAL	50.00	50.00		
17a, Itemized (Use Schedule B.) (Public Question: use Schedule C.)				<u></u>		
	17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00		
17b. Uniternized 0.00 0.00						
17c. Add lines 17a and 17b in both columns.         SUBTOTAL         0.00	17c. Add lines 17a and 17b in both columns.	OTAL	0.00			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL 50.00	18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	50.00	50.00		
19. Debts OWED BY the committee (Use Schedule D.)	19. Debts OWED BY the committee (Use Schedule D.)		0.00			
20. Debts OWED TO the committee (Use Schedule E.)  0.00	20. Debts OWED TO the committee (Use Schedule E.)		0.00			

CLN	HIGHION		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE.	
Signature of Treasurer  Denute (C. Lienele	Title Treasurer	Date (mm/dd/yy) 4/7/2023	in a
Signature of Candidate (if applicable)		Date (mm/dd/yy) 4/7/2023	

WARNING: Any information contained in this report hay not be capied 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

LED ELECTION BOARD '23 APR 10 PM12:35



### 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 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	ER	
Page	2	of	3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
<sup>1.</sup> Wilmer Delagrange P.O. Box 165 Grabill, IN 46741	Contributions: Direct In-Kind (describe)	·		01/06/23
Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Miscellaneous (specify)	\$50.00	\$50.00	D. Delagrange
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)  3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required) 4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	☐ Direct☐ In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 50.00		
	15a of the Summary Sheet.)	\$ 50.00		



### 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 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page	3	of	3		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$0.00	
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ OtherPurpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B					
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 0.00 \$ 0.00		