



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER	2026-37
TOTAL PAGES IN ENTIRE CFA-4 REPORT	4

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) Sam Conrad for Judge	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ([REDACTED])
4. Mailing Address (Address where all campaign finance correspondence is received.) [REDACTED]	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Decatur, IN 46733	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) Samuel "Sam" Kenneth Conrad	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Adams Superior Court Judge	10. County of Residence Adams

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

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: 06/25/25 Through: 12/31/2025		
13. Cash on hand and investments at the beginning of this reporting period.	\$0.00	
14. Cash on hand and investments January 1, current year.		\$0.00

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	\$1,007.64	\$1,436.14
15b. Unitemized	\$0.00	\$0.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	\$1,007.64	\$1,436.14
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	\$1,007.64	\$1,436.14

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	\$757.64	\$1,186.14
17b. Unitemized	\$0.00	\$0.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	\$757.64	\$1,186.14
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	\$250.00	\$250.00
19. Debts OWED BY the committee (Use Schedule D.)	\$0.00	
20. Debts OWED TO the committee (Use Schedule E.)	\$0.00	

CERTIFICATION		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.		
If a Treasurer of a PAC: I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution. <input type="checkbox"/> (please check box)		
Signature of Treasurer 	Title Type text here	Date (mm/dd/yy) 1/16/25
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 1/16/25
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

MS COUNTY ELECTION
JAN 16 2026 PM3:10

ADAMS COUNTY ELECTION
JAN 16 2026 PM3:12



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State Form 4606 (R18 / 6-25)
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 NUMBER
Page <u>1</u> of <u>2</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Samuel K. Conrad (Candidate) 221 S. 3rd Street Decatur, IN 46733 Contributor's Occupation <i>(if required)</i> <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$250.00	\$250.00	7/9/25 Candidate
2. Samuel K. Conrad (Candidate) 221 S. 3rd Street Decatur, IN 46733 Contributor's Occupation <i>(if required)</i> <u>Attorney</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Yard signs & Stickers</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$277.73	\$1,186.14	7/18/25 Candidate
3. Samuel K. Conrad (Candidate) 221 S. 3rd Street Decatur, IN 46733 Contributor's Occupation <i>(if required)</i> <u>Attorney</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Sign Sticks</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$23.93	\$1,186.14	7/18/25 Candidate
4. Samuel K. Conrad (Candidate) 221 S. 3rd Street Decatur, IN 46733 Contributor's Occupation <i>(if required)</i> <u>Attorney</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>T-Shirts</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$205.98	\$1,186.14	8/5/25 Candidate
5. Samuel K. Conrad (Candidate) 221 S. 3rd Street Decatur, IN 46733 Contributor's Occupation <i>(if required)</i> <u>Attorney</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Golf Outing Advertisement</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	\$200.00	\$1,186.14	9/21/25 Candidate
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 957.64		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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**(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 NUMBER _____

Page 2 of 2

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Samuel K. Conrad (Candidate) 221 S. 3rd Street Decatur, IN 46733 Contributor's Occupation <i>(if required)</i> <u>Attorney</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Parade Entry Fee</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> <u></u>	\$50.00	\$1,186.14	10/22/25 Candidate
2. Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <u></u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> <u></u>			
3. Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <u></u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> <u></u>			
4. Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <u></u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> <u></u>			
5. Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <u></u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> <u></u>			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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**(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 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Complete Printing Services 210 S. 2nd Street Decatur, IN 46733	Printing	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$277.73	\$277.73	7/18/25
Code <u>A</u> Ace Hardware 1220 S. 13th Street Decatur, IN 46733	Hardware Supplies	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$23.93	\$23.93	7/18/25
Code <u>A</u> Monroe Trophy & Engraving 230 E. Monroe Street Decatur, IN 46733	Engraving Services	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$205.98	\$205.98	8/5/25
Code <u>A</u> Wyneken Class of 2027 11565 N US 27 Decatur, IN 46733	Education - A School Class	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$200.00	\$200.00	9/21/25
Code <u>A</u> Decatur Chamber of Commerce 125 E. Monroe Street Decatur, IN 46733	Business Advocacy	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$50.00	\$50.00	10/22/25
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		