

**Marion Township, Shelby County, Indiana
Cash & Investments Combined Statement - 2025**

	LOCAL FUND	LOCAL FUND NAME	Beg Cash & Inv Bal Jan. 1, 2025	Receipts	Disbursements	End Cash & Inv Bal Dec. 31, 2025
Governmental Activities	0061	RAINY DAY FUND	\$35,977.27	\$0.00	\$1,445.00	\$34,532.27
	0101	TOWNSHIP FUND	\$107,493.72	\$55,527.27	\$34,781.27	\$128,239.72
	0840	TOWNSHIP ASSISTANCE	\$24,220.93	\$2,417.44	\$2,247.82	\$24,390.55
	1105	FIRE FIGHTING FUND	\$136,863.58	\$38,906.69	\$23,781.14	\$151,989.13
	8888	CEMETARY TRUST FUND	\$50,000.00	\$0.00	\$0.00	\$50,000.00
	9999	PAYROLL DEDUCTIONS	\$0.00	\$2,901.66	\$2,901.65	\$0.01
	Total All Funds		\$354,555.50	\$99,753.06	\$65,156.88	\$389,151.68

CERTIFICATION
State of Indiana
SS:
Shelby County

I, _____ Amy McQueen _____, Trustee of MARION TOWNSHIP, Shelby County, Indiana, do solemnly affirm under the penalty of perjury that the preceding report contains the information required by Indiana code 36-6-4-13, and is, true and correct; that the amounts with which I am charged in this report are all of the amounts received by me; and that the various items of expenditures credited have been fully paid in the amounts stated; that such payments were made without express or implied agreement that any portion thereof shall be retained by or repaid to me or to any other person. A complete abstract that contains the statements required under Indiana Code 36-6-4-13(a)(5) and (a)(6) is available for inspection in the county auditor's office.

I further affirm that a complete and detailed annual report, together with all accompanying vouchers showing the names of persons having been paid money by the township, have been filed as required by law in the office of the County Auditor, and that copies of such annual report are in custody of the Township Board and the State Board of Accounts. Said report is subject to inspection by any taxpayer of the township.

_____ Amy McQueen _____ (sign)
MARION TOWNSHIP Trustee

Telephone: ____ 317-402-0604 _____

Date this report was to be published: _____

Subscribed and sworn (or affirmed) to before me, the Chairman of the Township Board of MARION TOWNSHIP at its annual meeting, this ____ 13th ____ day of _____ February _____, 2026.

_____ Martha A. Showers _____ (sign)

_____ Martha A. Showers _____ Township Board Chairman

OPTION 1

This report was received, accepted, and approved by the Township Board at its annual meeting, this ____ 13th ____ day of _____ February _____, 2026.

_____ Marion _____ Township Board:

_____ Nancy Everhart _____ (sign)

_____ Deana Rogerson _____ (sign)

_____ Martha A. Showers _____ (sign)