



# 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                        | 2026-45 |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT | 1       |

**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) <input type="checkbox"/> Check if this is a new name.<br>Megan Clause for St. Mary's Township Trustee | 3. Committee Telephone Number<br>( )               |
| 2. Acronym or Abbreviated Name (if any)   |  |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.<br>2707 N Salem Rd   |  |
| 5. City, State, ZIP Code<br>Decatur, IN 46733   | 6. Party Affiliation (if applicable)<br>Republican |

| CANDIDATE INFORMATION (For Candidate's Committees Only)  |  |
|--|--|
| 7. Full Name of Candidate (Include any nickname)<br>Megan Elizabeth Clause   | 8. Party Affiliation or If Independent Candidate<br>Republican |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br>St. Mary's Township Trustee | 10. County of Residence<br>Adams                               |

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

| 12. Reporting Period (mm/dd/yy):  | COLUMN A    | COLUMN B     |
|---|-------------|--------------|
| From: Jan 01/01/25 Through: 12/31/25  | This Period | Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 0           | 0            |
| 14. Cash on hand and investments January 1, current year.                   |             | 0            |

| 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. <b>SUBTOTAL</b>                                   | 0 | 0 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>           | 0 | 0 |

| 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. <b>SUBTOTAL</b>   | 0 | 0 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b> | 0 | 0 |
| 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.  |                    |                             |
| 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<br>Megan Clause   | Title<br>Treasurer | Date (mm/dd/yy)<br>01/20/26 |
| Signature of Candidate (if applicable)<br>Megan Clause   |                    | Date (mm/dd/yy)<br>01/20/26 |
| <b>WARNING:</b> 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

ADAMS COUNTY ELECTION  
JAN 20 2026 PM 3:31