



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS


BUREAU OF ELECTIONS
MI DEPT OF STATE

2015 APR 14 PM 3:24

LEGAL DEFENSE FUND
COVER PAGE

Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>002</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for George Scarlatis</p> <p>1c. Legal Defense Fund Address: 412 E Detroit Street New Buffalo, MI 49117</p> <p>1d. Legal Defense Fund Phone: <u>269 4691358</u></p>	<p>2a. Official's Full Name: George Scarlatis</p> <p>2b. Official's Office: <u>City of New Buffalo Council</u></p>
<p>3a. Treasurer's Full Name: Susan Gotfried</p> <p>3b. Treasurer's Residential Address: 412 E Detroit Street, New Buffalo, Mi 49917</p>	<p>3c. Treasurer's Business Address: same as residential</p> <p>3d. Treasurer's Phone Number(s): <u>269 4691358</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input checked="" type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution <u>4 / 1 / 2015</u></p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date:  <u>4, 13, 2015</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Susan Gotfried</u> <u>4, 13, 2015</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>1,895.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>1,895.00</u>
4. Itemized Expenditures	4a. \$ <u>1,950.03</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>1,050.00</u>	6b. \$ <u>1,095.03</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1,095.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.03</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>1,095.03</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>1,095.03</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *	

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 002 Legal Defense Fund for George Scarlatis		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount	
George Scarlatis 300 S Tavor Street New Buffalo, MI 49117	Repayment of in-kind contribution per requirements of law pertaining to dissolution of the Fund	04/01/2015	\$ <u>1,000.00</u>	
Jim Kolosowsky JK Law, P.C. 221 Oak Street, Paw, Paw, Michigan	Payment to attorney toward the legal defense of George Scarlatis at the dissolution of the Fund.	04/01/2015	\$ <u>90.03</u>	
Payment to New Buffalo Bank for completion of two checks at dissolution of the Fund		04/01/2015	\$ <u>5.00</u>	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
Page Subtotal			\$ <u>1,095.03</u>	
Grand Total (Complete on last page of Schedule)			\$ <u>1,095.03</u>	
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page	

Quiroga, Evelyn (MDOS)

From: Susan Gotfried <sgotfried@comcast.net>
Sent: Tuesday, April 14, 2015 1:01 PM
To: Quiroga, Evelyn (MDOS)
Cc: George Scarlatis
Subject: Legal Defense Fund Report for George Scarlatis
Attachments: LDF George Scarlatic 1st and 2nd qtr. 2015 reports.pdf

Please find attached the Legal Defense Fund first and second quarterly for 2015 for George Scarlatis. Dr. Scarlatis is no longer a council member and no longer is required to have a Fund so the second quarter report is being filed to officially dissolve the Fund.

Thank you,

Susan Gotfried

2015 APR 14 PM 3: 25



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>002</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for George Scarlatis</p> <p>1c. Legal Defense Fund Address: 412 E Detroit Street New Buffalo, MI 49117</p> <p>1d. Legal Defense Fund Phone: <u>269 4691358</u></p>	<p>2a. Official's Full Name: George Scarlatis</p> <p>2b. Official's Office: <u>City of New Buffalo Council</u></p>
<p>3a. Treasurer's Full Name: Susan Gottfried</p> <p>3b. Treasurer's Residential Address: 412 E Detroit Street, New Buffalo, Mi 49917</p>	<p>3c. Treasurer's Business Address: same as residential</p> <p>3d. Treasurer's Phone Number(s): <u>269 4691358</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: _____ <u>[Signature]</u> <u>4, 13, 2015</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Susan Gottfried</u> <u>4, 13, 2015</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>1,895.00</u>	1b. \$ <u>1,895.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>1,895.00</u>	3b. \$ <u>1,895.00</u>
4. Itemized Expenditures	4a. \$ <u>1,000.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>50.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>1,050.00</u>	6b. \$ <u>1,050.00</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>200.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>1,895.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>2,095.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>1,000.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,095.00</u> *	

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 002 Legal Defense Fund for George Scarlatis		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Patty and Larry Bernstein</u> <u>222 S Whittaker, Unit C, New Buffalo, MI 49117</u> 3. Date of Receipt: <u>01/13/2015</u>		\$ <u>25.00</u>	\$ _____	\$ <u>25.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: <u>Chris Pfauser and Rob Gow, 11812 Riviera Drive, New Buffalo, MI 49117</u> 3. Date of Receipt: <u>01/15/2015</u>		\$ <u>150.00</u>	\$ _____	\$ <u>175.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Broker</u> Employer: <u>Bershire, Hathaway Home Serices</u> Place of Business: <u>214 Whittaker Street, New Buffalo, MI</u>				
2. Name and Address: <u>Edward Oldis, 98 Windmill Road, Orland Park, IL</u> 3. Date of Receipt: <u>03/02/2015</u>		\$ <u>200.00</u>	\$ _____	\$ <u>375.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: <u>Elizabeth Ennis, 1220 W Indiana Street, New Buffalo, MI 49117</u> 3. Date of Receipt: <u>03/02/2015</u>		\$ <u>100.00</u>	\$ _____	\$ <u>475.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: <u>Ted Grzywacz, 4550 S Packers, Chicago, IL</u> 3. Date of Receipt: <u>03/02/2015</u>		\$ <u>200.00</u>	\$ _____	\$ <u>675.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>CEO</u> Employer: <u>Bershire Refrigerated Warehousing</u> Place of Business: <u>4550 S Packers Ave, Chicago, IL</u>				
2. Name and Address: <u>Cecilia Trizna, 1501-57 Water Street, New Buffalo, MI</u> 3. Date of Receipt: <u>03/02/2015</u>		\$ <u>50.00</u>	\$ _____	\$ <u>725.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
Page Subtotal:		\$ <u>725.00</u>	\$ <u>0.00</u>	\$ <u>725.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>1</u> of <u>23</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 002 Legal Defense Fund For George Scarlatis		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Debra Singer, 1306 W. Water Street, New Buffalo, MI 3. Date of Receipt: 03/02/2015		\$ 100.00	\$	\$ 825.00
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: William McCollum, 109 S Franklin Street, New Buffalo, MI 3. Date of Receipt: 03/02/2015		\$ 205.00	\$	\$ 1,030.00
4. If over \$100.00 cumulative, please provide: Occupation: Architect Employer: McCollum Architects Place of Business: 18100 Red Arrow Highway, Elyria, OH 44034				
2. Name and Address: Dan Saunders, 12421 Weber Road, New Buffalo, MI 3. Date of Receipt: 03/02/2015		\$ 70.00	\$	\$ 1,100.00
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: Nancy Smith, 103 N Berrien Street, New Buffalo, MI 3. Date of Receipt: 03/02/2015		\$ 10.00	\$	\$ 1,110.00
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: Arlene Urqhart, 628 Lake Drive, New Buffalo, MI 3. Date of Receipt: 03/02/2015		\$ 50.00	\$	\$ 1,160.00
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: Judith Bobber, 1501, W Water Street, New Buffalo, MI 49117 3. Date of Receipt: 03/02/2015		\$ 40.00	\$	\$ 1,200.00
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
Page Subtotal:		\$ 475.00	\$	\$ 1,200.00
Grand Total: (Complete on last page of Schedule)		\$	\$ 0.00	\$
Page 2 of 3		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 002 Legal Defense Fund for George Scarlatis		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Heidi Hornaday, 135 S Mayhew, New Buffalo, MI 3. Date of Receipt: 02/09/2015		\$ 300.00	\$	\$1,500.00
4. If over \$100.00 cumulative, please provide: Occupation: Architect Employer: Self employed Place of Business: 135 S Mayhew, New Buffalo, MI				
2. Name and Address: Lillian Casten, 628 Lake Drive, New Buffalo, MI 3. Date of Receipt: 03/17/2015		\$ 100.00	\$	\$1,600.00
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: Paula And Gregory Kachoris, 2100 N Racine Ave, #2D, Chicago, IL 60614 3. Date of Receipt: 03/17/2015		\$ 200.00	\$	\$1,800.00
4. If over \$100.00 cumulative, please provide: Occupation: retired Employer: Place of Business:				
2. Name and Address: Mariann Litznerski, 1376 Timberlane Drive, St Joseph, MI 49085 3. Date of Receipt: 03/17/2015		\$20.00	\$	\$1,820.00
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: Anahathma Lepeniutis, 4950 Cynthia Drive, Bridgman, MI 49106 3. Date of Receipt:		\$ 25.00	\$	\$1,845.00
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
2. Name and Address: Shirley Covert, 209 S Willard Street, New Buffalo, MI 49117 3. Date of Receipt: 03/26/2015		\$ 50.00	\$	\$1,895.00
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:				
Page Subtotal:		\$ 695.00	\$	\$1,895.00
Grand Total: (Complete on last page of Schedule)		\$ 1,895.00	\$	\$1,895.00
Page 3 of 3		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 002 Legal Defense Fund for George Scarlatis		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount	
Jim Kolosowsky JK Law, P.C. 221 Oak Street, Paw, Paw, Michigan	Payment to attorney for legal defesnse of George Scarlatis	03/02/2015	\$ 1,000.00	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
		Page Subtotal	\$ 1,000.00	
		Grand Total (Complete on last page of Schedule)	\$ 1,000.00	
Page 1 of 1			Forward to #3 Summary Page	

BUREAU OF ELECTIONS
MI DEPT OF STATE

2015 JAN 20 AM 9:03

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>002</u></p> <p>1b. Legal Defense Fund Name: <u>Legal Defense for George Scarlatis</u></p> <p>1c. Legal Defense Fund Address: <u>412 E Detroit St. New Buffalo, MI 49117</u></p> <p>1d. Legal Defense Fund Phone: <u>269-469-1358</u></p>	<p>2a. Official's Full Name: <u>George Scarlatis</u></p> <p>2b. Official's Office: <u>City of New Buffalo Council Member</u></p>
<p>3a. Treasurer's Full Name: <u>Susan Gutfriend</u></p> <p>3b. Treasurer's Residential Address: <u>412 E Detroit St New Buffalo, MI 49117</u></p>	<p>3c. Treasurer's Business Address: <u>same as residential</u></p> <p>3d. Treasurer's Phone Number(s): <u>269 469-1358</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input checked="" type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution <u>1 1</u></p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u>[Signature]</u> <u>1, 18, 15</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>[Signature]</u> <u>1, 18, 15</u></p>	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND - George Scaletis 002
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>200⁰⁰</u>	1b. \$ <u>200⁰⁰</u>
2. In-Kind Contributions	2a. \$ <u>1,000⁰⁰</u>	2b. \$ <u>1,000⁰⁰</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>1,200⁰⁰</u>	3b. \$ <u>1,200⁰⁰</u>
4. Itemized Expenditures	4a. \$ <u>0</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0</u>	6b. \$ <u>0</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>200⁰⁰</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>200⁰⁰</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>200⁰⁰</u>	

* The ending balance must always be a positive number.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <u>002 LDF For George Scarlatis</u>		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>George Scarlatis</u> <u>300 S Taylor St</u> <u>New Buffalo MI 49117</u>				
3. Date of Receipt: <u>10/31/14</u> <u>Check to: Smietanka</u> <u>Buckleitner + Staffes</u> <u>4250 Chicago Dr S.W.</u> <u>St Joseph, MI 49418</u>		\$	\$ <u>400⁰⁰</u>	\$ <u>400⁰⁰</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>unemployed</u> <u>Grandville</u> at the time Employer: _____ Place of Business: _____				
2. Name and Address: <u>Patrick and Elizabeth Vaughan</u> <u>41 Landings Blvd.</u> <u>New Buffalo, MI 49117</u>		\$ <u>150⁰⁰</u>	\$	\$ <u>150⁰⁰</u>
3. Date of Receipt: <u>12/26/14</u> Occupation: <u>Electrician</u> Employer: <u>Hilti Chicago</u> Place of Business: <u>Chicago, IL</u>				
2. Name and Address: <u>James and Nora Howe</u> <u>108 S Thompson Street</u> <u>New Buffalo MI 49117</u>		\$ <u>50⁰⁰</u>	\$	\$ <u>50⁰⁰</u>
3. Date of Receipt: <u>12/26/14</u> Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: _____ 3. Date of Receipt: _____		\$ _____	\$ _____	\$ _____
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: _____ 3. Date of Receipt: _____		\$ _____	\$ _____	\$ _____
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: _____ 3. Date of Receipt: _____		\$ _____	\$ _____	\$ _____
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
Page Subtotal:		\$ <u>200⁰⁰</u>	\$ <u>4,000</u>	\$ <u>4,200</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>200⁰⁰</u>	\$ <u>4,000</u>	\$ <u>4,200</u>
Page <u>1</u> of <u>1</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	

Wright, Veronica (MDOS)

From: Susan Gotfried <sgotfried@comcast.net>
Sent: Sunday, January 18, 2015 5:08 PM
To: SOS, Disclosure
Cc: George Scarlatis
Subject: Legal Defense Fund 1st quarter report
Attachments: GScarlatis 1st qtr report - LDF.pdf

2015 JAN 20 AM 9:03

Please find attached the first quarterly transaction Legal Defense Fund report for George Scarlatis. There should be a cover page, one itemized contribution schedule 1 page, and a summary page.

Thank you, Susan Gotfried

Rec'd 12/15/14

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: 002

2. Type of Filing: Original Filing Amendment: Items: 86-9c Eff. Date: 12/15/2014

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")

Legal Defense Fund for George Scarlatis

4. Public Official Full Name (Last, First, M.I.):

Scarlatis, George

5a. Office (Check one):

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Governor | <input type="checkbox"/> State Senator | <input type="checkbox"/> MSU Trustee | <input type="checkbox"/> Circuit Court | <input checked="" type="checkbox"/> Local or Other please specify:
<u>City Council</u> |
| <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> State Rep. | <input type="checkbox"/> WSU Gov. | <input type="checkbox"/> District Court | |
| <input type="checkbox"/> Sec. of State | <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Probate Court | |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> UofM Reg. | <input type="checkbox"/> Appeals Court | <input type="checkbox"/> Municipal Court | |

5b. District/Circuit # or Jurisdiction: City of New Buffalo

6. A description of the criminal, civil or administrative action at issue:

Charged with violating the open meeting act

7. Date of Initial Contribution/Expenditure: 10.2.14

8a. Complete Mailing Address (May be PO Box):

[Empty box for mailing address]

8b. Complete Street Address (May not be PO Box):

412 E Detroit St
New Buffalo, MI 49117

8c. Legal Defense Fund Phone #: 269 469-1358

8d. Legal Defense Fund Fax #:

8e. Legal Defense Fund E-mail Address: sgotfried@comcast.net

8f. Legal Defense Fund Web Address:

9a. Treasurer Name and Complete Street Address:

Susan Gotfried
412 E Detroit St
New Buffalo, MI 49117

9b. Treasurer Phone #: 269-469-1358

9c. Treasurer E-mail Address: sgotfried@comcast.net

10. Designated Recordkeeper Name:

[Empty box for recordkeeper name]

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)

New Buffalo Savings Bank

12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Public Official Signature:

[Signature]

12, 15, 2014
Date

Current Treasurer Signature:

Susan Gotfried

12/15/2014
Date



STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

December 5, 2014

Mr. George Scarlatis, Treasurer
300 S. Taylor Street
New Buffalo, Michigan 49117

RE: George Scarlatis Legal Defense Fund; **ID# 0002**

**LEGAL DEFENSE FUND ACT
REGISTRATION IDENTIFICATION NUMBER ASSIGNMENT**

This acknowledges receipt of an original Statement of Organization form filed under the Legal Defense Fund Act (LDFA). The identification number appearing above in bold has been assigned to the fund appearing on the enclosed date stamped copy of the original Statement of Organization. Please enter the Identification Number on all filings and correspondence with this office.

Publications On The Internet: The Michigan Department of State's Bureau of Elections has conveniently located all of the Legal Defense Fund Act disclosure forms and publications on the Internet. The disclosure forms and publications are easy to access, print and download. To locate our Legal Defense Fund (LDF) home page:

1. Go to: www.Michigan.gov/elections
2. Click on "Legal Defense Funds"

Campaign Statements: Detailed campaign statements must be filed by all registrants. The filing must be made even if there are no receipts or expenditures to report. Four (4) separate filings must be made each year according to the following schedule:

January 1 – March 31; Due: April 25th
April 1 – June 30; Due: July 25th
July 1 – September 30; Due: October 25th
October 1 – December 31; Due: January 25th

Questions? Please do not hesitate to contact Evelyn Quiroga of this office if you have any questions.

Bureau of Elections
Richard H. Austin Building– 1st Floor
P.O. Box 20126
Lansing, Michigan 48901-0726
Phone: 517-373-2540
Email: disclosure@michigan.gov



ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: 0002

2. Type of Filing: Original Filing Amendment: Items: _____ Eff. Date: _____

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")

4. Public Official Full Name (Last, First, M.I.):

5a. Office (Check one):

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Governor | <input type="checkbox"/> State Senator | <input type="checkbox"/> MSU Trustee | <input type="checkbox"/> Circuit Court | <input checked="" type="checkbox"/> Local or Other please specify: |
| <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> State Rep. | <input type="checkbox"/> WSU Gov. | <input type="checkbox"/> District Court | |
| <input type="checkbox"/> Sec. of State | <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Probate Court | <u>City Council</u> |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> UofM Reg. | <input type="checkbox"/> Appeals Court | <input type="checkbox"/> Municipal Court | <u>City of New Buffalo</u> |

5b. District/Circuit # or Jurisdiction: _____

6. A description of the criminal, civil or administrative action at issue:

Violation of Open Meetings Act

7. Date of Initial Contribution/Expenditure: 10/31/14

8a. Complete Mailing Address (May be PO Box):

300 S. Taylor St.
New Buffalo, MI 49117

8b. Complete Street Address (May not be PO Box):

(Same)

8c. Legal Defense Fund Phone #: 269-231-5410

8d. Legal Defense Fund Fax #: _____

8e. Legal Defense Fund E-mail Address: geosca@gmail.com

8f. Legal Defense Fund Web Address: _____

9a. Treasurer Name and Complete Street Address:

George Scarlati
300 S. Taylor St., New Buffalo, MI 49117

9b. Treasurer Phone #: 269-231-5410

9c. Treasurer E-mail Address: geosca@gmail.com

10. Designated Recordkeeper Name:

George Scarlati

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)

New Buffalo Savings Bank
415 N. Whitaker St.
New Buffalo, MI 49117

12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Public Official Signature:

11/10/14
Date

Current Treasurer Signature:

11/10/14
Date

BUREAU OF ELECTIONS
MI DEPT OF STATE
NOV 12 AM 11:10
10 PM 4:54 W

Wright, Veronica (MDOS)

From: George Scarlatis <geosca@gmail.com>
Sent: Monday, November 10, 2014 4:54 PM
To: SOS, Disclosure
Subject: legal defund SOS
Attachments: SOSLegalDefense.pdf

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George Scarlatis M.D., Ph.D.
City Council Member
City of New Buffalo
<http://gscarlatis.wix.com/george4newbuffalo>

BUREAU OF ELECTIONS
MI DEPT OF STATE
2014 NOV 10 PM 4:54 W
~~2 AM 9:13~~