



Michigan Department of State
Bureau of Elections
www.michigan.gov/sos

**LEGAL DEFENSE FUND
TRANSACTION REPORT
INSTRUCTIONS AND FORMS**

INSTRUCTIONS FOR COMPLETING LEGAL DEFENSE FUND TRANSACTION REPORTS

A Transaction Report must include a Cover Page and the Schedules that apply to the Legal Defense Fund's transactions during the Transaction Report coverage period. The Schedules are described below:

Itemized Contribution Schedule: Used to report direct contributions or loans of money from a person. The Legal Defense Fund is required to report the name, address, date and amount of all contributions of money, goods, services or loans, regardless of amount. The occupation, employer and principal place of business must also be disclosed if the cumulative contributions from an individual total \$100.01 or more.

Itemized Expenditures Schedule: Used to report direct expenditures made by the Legal Defense Fund when the cumulative of the expenditures totals \$50.01 or more to that same person. The name, address, purpose, date and amount of each expenditure made during the coverage period of the Transaction Report must be disclosed.

Questions:

Contact us at:

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Bureau of Elections
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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.

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<p>1a. Legal Defense Fund I.D. Number:</p> <p>1b. Legal Defense Fund Name:</p> <p>1c. Legal Defense Fund Address:</p> <p>1d. Legal Defense Fund Phone:</p>	<p>2a. Official's Full Name:</p> <p>2b. Official's Office:</p>
<p>3a. Treasurer's Full Name:</p> <p>3b. Treasurer's Residential Address:</p>	<p>3c. Treasurer's Business Address:</p> <p>3d. Treasurer's Phone Number(s):</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 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 style="text-align: center;">Effective Date of Dissolution</p> <p style="text-align: center;">_____/_____/_____</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: _____ /_____/_____</p> <p>Treasurer's/Designated Record Keeper's Signature and Date: _____ /_____/_____</p>	

**INSTRUCTIONS FOR COMPLETING THE LEGAL DEFENSE FUND
COVER PAGE**

ITEM 1a: Enter the Legal Defense Fund ID number provided by the Department of State.

ITEM 1b: Enter the Legal Defense Fund Name.

ITEM 2a: OFFICIAL'S NAME: Enter the Official's full name (first, middle initial and last name).

ITEM 2b: OFFICIAL'S OFFICE: Enter the office of the Official including the district or jurisdiction number or the name of the community served by the office.

ITEM 3a: TREASURER'S FULL NAME: Enter the Treasurer's full name (first, middle initial and last name).

ITEM 3b: TREASURER'S RESIDENTIAL ADDRESS: Enter the Treasurer's residential address.

ITEM 3c: TREASURER'S BUSINESS ADDRESS: Enter the Treasurer's business address.

ITEM 3d: TREASURER'S PHONE NUMBER(S): Enter the Treasurer's phone number(s).

ITEM 4a: QUARTERLY TRANSACTION REPORT COVERING: Check the appropriate box to indicate the quarterly report that covers the current filing period.

ITEM 4b: AMENDMENT Check item 4b if the Transaction Report is an amendment to a previously filed Transaction Report. Please complete Item 4a in addition to 4b to indicate which report is being amended.

ITEM 5: DISSOLUTION REPORT: Enter the effective date of the requested dissolution of the Legal Defense Fund. By checking this item, you 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 the Itemized Expenditure Schedule 2 and the Summary Page.

ITEM 6: VERIFICATION: The Official and the treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Transaction Report and attached Schedules and that the contents of the statement are true, accurate and complete to the best of their knowledge and belief. The Cover Page must be signed and dated by the Official and the Legal Defense Fund's treasurer or designated record keeper. If the Official is serving as the Legal Defense Fund's treasurer, the Official signs once on the line for the Official's signature.



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**LEGAL DEFENSE FUND
SUMMARY PAGE**

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Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ _____	1b. \$ _____
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ _____	3b. \$ _____
4. Itemized Expenditures	4a. \$ _____	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ _____	6b. \$ _____

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ _____
8. Amount received during reporting period (Item 1a.)	8. \$ _____
9. SUBTOTAL Add lines 7 and 8	9. \$ _____
10. Amount expended during reporting period (Item 6a.)	10. \$ _____
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ _____ *

* The ending balance must always be a positive number.

INSTRUCTIONS FOR COMPLETING THE LEGAL DEFENSE FUND
SUMMARY PAGE

ITEMS 1, 1a, 1b: CONTRIBUTIONS: Enter in Column I, the grand total of direct contributions listed on the Itemized Contributions Schedule. Enter the cumulative amount of the direct contributions received on 1b for the calendar year.

ITEM 2, 2a, 2b: IN-KIND CONTRIBUTIONS: Enter in Column I, the grand total of in-kind contributions reported in Column on the Itemized In-kind Contributions Schedule. Enter the cumulative amount on 2b for the calendar year.

ITEM 3, 3a, 3b: TOTAL CONTRIBUTIONS: Enter in Column I, the sum of Lines 1a and 2a. Enter the cumulative amount on 3b for the calendar year.

ITEM 4: ITEMIZED EXPENDITURES: Enter in Column I, the grand total of expenditures listed on the Itemized Expenditures Schedule.

ITEM 5: UNITEMIZED EXPENDITURES: Enter in Column I, the grand total of expenditures of \$50.00 or less that were not itemized on the Itemized Expenditure Schedule.

ITEM 6, 6a, 6b: TOTAL EXPENDITURES: Enter in Column I, the sum of Lines 4a and 5a. Enter the cumulative amount on 6b for the calendar year.

ITEM 7: ENDING BALANCE: Enter the "Ending Balance" from the last Transaction Report filed by the Legal Defense Fund. This is the "Beginning Balance" for the current reporting period. If this is the first Transaction Report filed enter "Zero."

ITEM 8: TOTAL CONTRIBUTIONS: Enter the total contributions received during the period covered by the Transaction Report (Item 1a).

ITEM 9: SUB-TOTAL: Enter the sum of Lines 7 and 8.

ITEM 10: TOTAL EXPENDITURES: Enter the total expenditures made during the period covered by the Transaction Report (Item 6a).

ITEM 11: ENDING BALANCE: Subtract line 10 from line 9. The result should reflect the ending cash balance in the Legal Defense Fund's checking account on the closing date of the Transaction Report. If the ending balance is a negative amount, recheck the math on each Schedule. A negative balance may indicate that the Legal Defense Fund has reported spending money that is not reported as having been received.



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ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name:		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
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: _____				
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:		\$	\$	\$
Grand Total: (Complete on last page of Schedule)		\$	\$	\$
Page _____ of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	

INSTRUCTIONS FOR LEGAL DEFENSE FUND ITEMIZED CONTRIBUTIONS

SCHEDULE 1

ITEM 1: Enter the Legal Defense Fund ID number provided by the Department of State and the name of the Legal Defense Fund.

ITEM 2: NAME AND ADDRESS: Enter the complete name and address of each individual, group, business, firm or other type of organization that made a contribution in any amount during the period covered by the Transaction Report.

ITEM 3: DATE OF RECEIPT: Enter the date the contribution received by the Legal Defense Fund. Only report on Schedule 1 the contributions received during the period covered by the Transaction Report.

ITEM 4: CONTRIBUTOR'S OCCUPATION, EMPLOYER, and PLACE OF BUSINESS: Complete if the contributor is an individual and the cumulative contribution exceeds \$100.00.

ITEM 5: AMOUNT OF CONTRIBUTION: Enter the amount of the single contribution received on the date provided in Item #3.

ITEM 6: AMOUNT OF CONTRIBUTION (In-Kind): Enter the amount of the single contribution received on the date provided in Item #3 that are for goods or services provided to the Legal Defense Fund.

ITEM 7: CUMULATIVE FOR THE CALENDAR YEAR: Enter the cumulative amount of all contributions received from the contributor for the calendar year through the date of the contribution being reported. Also include the value of any in-kind contributions of goods or services received through this date from the contributor when calculating the cumulative amount.

SUBTOTAL: Enter the subtotal of each page for each respective column and contribution type.

GRAND TOTAL: Enter the grand total of all of the pages for each respective column and contribution type on the last page of the schedule. Forward the totals to the appropriate line of the Summary Page as directed.

NUMBER EACH COMPLETED SCHEDULE ON LOWER LEFT-HAND CORNER OF THE SHEET. FOR EXAMPLE NUMBER THE SHEETS "PAGE 1 OF 3," "PAGE 2 OF 3," AND "PAGE 3 OF 3."

INSTRUCTIONS FOR LEGAL DEFENSE FUND ITEMIZED EXPENDITURES

SCHEDULE 2

ITEM 1: Enter the Legal Defense Fund ID number provided by the Department of State and the name of the Legal Defense Fund.

ITEM 2: NAME AND ADDRESS OF PERSON OR VENDOR PAID: Enter the name and address of each individual or business to which the Legal Defense Fund made an expenditure of more than \$50.00 through a single expenditure or through a series of expenditures made during the period covered by the Transaction Report.

ITEM 3: PURPOSE: Describe the purpose of the expenditure.

ITEM 4: DATE OF EXPENDITURE: Enter the date the expenditure was made.

ITEM 5: AMOUNT OF EXPENDITURE: Enter the amount of the expenditure.

SUBTOTAL: Enter the subtotal of each page.

GRAND TOTAL: Enter the grand total of all of the pages on the last page of the schedule. Forward the totals to the appropriate line of the Summary Page as directed.

NUMBER EACH COMPLETED SCHEDULE ON LOWER LEFT-HAND CORNER OF THE SHEET. FOR EXAMPLE NUMBER THE SHEETS "PAGE 1 OF 3," "PAGE 2 OF 3," AND "PAGE 3 OF 3."