



**ORIGINAL OR AMENDED  
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND**

**1. Legal Defense Fund ID #:** \_\_\_\_\_

**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):**

Governor	State Senator	MSU Trustee	Circuit Court	Local or Other please specify:
Lt. Governor	State Rep.	WSU Gov.	District Court	
Sec. of State	State Bd. of Ed.	Supreme Court	Probate Court	
Attorney General	UofM Reg.	Appeals Court	Municipal Court	

**5b. District/Circuit # or Jurisdiction:** \_\_\_\_\_

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

**7. Date of Initial Contribution/Expenditure:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**8c. Legal Defense Fund Phone #:** \_\_\_\_\_

**8d. Legal Defense Fund Fax #:** \_\_\_\_\_

**8e. Legal Defense Fund E-mail Address:** \_\_\_\_\_

**8f. Legal Defense Fund Web Address:** \_\_\_\_\_

**9a. Treasurer Name and Complete Street Address:**

**9b. Treasurer Phone #:** \_\_\_\_\_

**9c. Treasurer E-mail Address:** \_\_\_\_\_

**10. Designated Recordkeeper Name:** \_\_\_\_\_

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

**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: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Date

Current Treasurer Signature: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Date

## INSTRUCTIONS FOR COMPLETING THE STATEMENT OF ORGANIZATION PUBLIC OFFICIAL LEGAL DEFENSE FUNDS

As soon as a "Public Official" receives a contribution or makes and expenditure under Michigan's Legal Defense Fund Act, P.A. 288 of 2008, he or she has 10 calendar days to register a Legal Defense Fund by filing a Statement of Organization form with the Department of State's Bureau of Elections.

### EXCEPTIONS:

- (1) A Public Official who holds a precinct delegate position is not required to file a Statement of Organization.
- (2) A Public Official who holds a school board position in a school district with a pupil membership count of 2,400 or less is not required to file a Statement of Organization.
- (3) A person who holds a federal office is not required to file a Statement of Organization.

### WHERE TO FILE THIS FORM

A Public Official for an elective office is required to file two copies of this form with the Michigan Department of State, Bureau of Elections, Post Office Box 20126, Lansing, Michigan 48901. Office location: Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918. Phone: 517-335-3234.

### INSTRUCTIONS

Type or clearly print in ink all information requested on the Statement of Organization form. Each entry on the form is discussed below.

- ITEM 1:** On the original Statement of Organization, leave this item blank. An identification number will be assigned to the Legal Defense Fund by Bureau of Elections. If an identification number has been assigned to the Legal Defense Fund, enter it in Item 1.
- ITEM 2:** Indicate whether this is an original Statement of Organization or an amendment to a Statement of Organization already on file. If it is an amendment, list the number of the item(s) affected and the date the change took place. On an amendment, complete this item, the item(s) affected and Item 1, Item 3 and Item 11. **NOTE:** The information contained on the Statement of Organization must be kept up-to-date. If a change in the information takes place, an amended Statement of Organization must be filed no later than the due date of the next Transaction Report required of the Legal Defense Fund after the change. Obtain the official's and the Treasurer's signature.
- ITEM 3:** Enter the Legal Defense Fund's official name. **The Legal Defense Fund name must include the Public Official's first and last name and the words "Legal Defense Fund".**
- ITEM 4:** Enter the Public Official's full name: last name, first name and middle initial, if any.
- ITEM 5a:** Check the appropriate box to indicate the office of the Public Official.
- ITEM 5b:** (optional) Enter the district number or jurisdiction (name of county, city, township, village or school district ) served by the office.
- ITEM 6:** Provide a description of the criminal, civil, or administrative action arising directly out of the conduct of the elected official's duties for which a contribution to or expenditure from the Legal Defense Fund was or will be made.
- ITEM 7:** Enter the date the Legal Defense Fund received its first receipt or expenditure. This form must be received by your filing official within **10 calendar days** of the date entered in this item. A late filing fee of \$10.00 per business day is assessed if this form is filed late. The maximum fee is \$300.00.
- ITEM 8a:** (optional) Enter the Legal Defense Fund's mailing address if different from the Legal Defense Fund's street address. A post office box is acceptable. All mail from the Bureau of Elections will be directed to the Legal Defense Fund's mailing address.
- ITEM 8b:** Enter the Legal Defense Fund's street address. A post office box is **not** acceptable. (List the Public Official's or treasurer's home address if no other address is available.)
- ITEM 8c:** Enter the Legal Defense Fund's telephone number.
- ITEM 8d:** (optional) Enter the Legal Defense Fund's fax number.
- ITEM 8e:** (optional) Enter the Legal Defense Fund's e-mail address.
- ITEM 8f:** (optional) Enter the Legal Defense Fund's Web address.
- ITEM 9a:** Enter the full name (last name, first name, middle initial, if any) and street address of the Treasurer. The Public Official may serve as the Legal Defense Fund's treasurer. A Legal Defense Fund treasurer must be listed in this item.
- ITEM 9b:** Enter the Treasurer's telephone number.
- ITEM 9c:** (optional) Enter the Treasurer's e-mail address.
- ITEM 10:** (optional) Enter the full name (last name, first name, middle initial, if any) of the Designated Recordkeeper.
- ITEM 11:** Enter the name and address of the Michigan bank, savings and loan association or credit union that the Legal Defense Fund now uses, intends to use or would use as its "official depository". While this item must be completed, an account does not have to be opened until the first contribution is received.
- ITEM 12:** Enter names and signatures where indicated. If the Public Official is serving as the Legal Defense Fund's treasurer, the Public Official signs once on the line for the Public Official's signature.