



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

2020 OCT -7 PM 4:09
RECEIVED

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>N/A</u></p> <p>1b. Legal Defense Fund Name: <u>LARRY C. INMAN</u></p> <p>1c. Legal Defense Fund Address: <u>8971 CROCKETT RD</u> <u>WILLIAMSBURG, MI</u> <u>49690</u></p> <p>1d. Legal Defense Fund Phone: <u>231-357-8470</u></p>	<p>2a. Official's Full Name: <u>LARRY C. INMAN</u></p> <p>2b. Official's Office: <u>State Representative</u> <u>104TH DISTRICT</u></p>
<p>3a. Treasurer's Full Name: <u>LARRY C. INMAN</u></p> <p>3b. Treasurer's Residential Address: <u>8971 CROCKETT RD</u> <u>WILLIAMSBURG, MI</u> <u>49690</u></p>	<p>3c. Treasurer's Business Address: <u>8971 CROCKETT RD</u> <u>WILLIAMSBURG, MI</u> <u>49690</u></p> <p>3d. Treasurer's Phone Number(s): <u>231-357-8470</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 checked="" 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: <u>N/A</u>.</p> <p>Effective Date of Dissolution <u>2020</u> <u> / / </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>

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.

Official's Signature and Date: 10, 7, 2020

Treasurer's/Designated Record Keeper's Signature and Date: 10, 7, 2020



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 -</u>	1b. \$ _____
2. In-Kind Contributions	2a. \$ <u>- 0 -</u>	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>- 0 -</u>	3b. \$ <u>35,201.60</u>
4. Itemized Expenditures	4a. \$ <u>3,600 -</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>-</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>3,600 -</u>	6b. \$ <u>38,801.60</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>35,201.60</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>-</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>35,201.60</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>3,600.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>38,801.60</u>

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

011

1. Legal Defense Fund ID #: N/A

2. Type of Filing: Original Filing Amendment: Items: _____ Eff. Date: July 1st - Sept 30, 2020

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

LARRY C. INMAN

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

LARRY C. INMAN

5a. Office (Check one):

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

5b. District/Circuit # or Jurisdiction: 104th

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

Attempt Bribery, Attempted EXTORTION - HUNG JURY
Lying to the FBI - not guilty

7. Date of Initial Contribution/Expenditure: MAY 1

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

8971 CROCKET RD
WILLIAMSBURG, MI
49690

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

8c. Legal Defense Fund Phone #: 231-357-8470

8d. Legal Defense Fund Fax #: 231-938-1418

8e. Legal Defense Fund E-mail Address: LARRYINMAN@CHARTER.NET

8f. Legal Defense Fund Web Address: N/A

9a. Treasurer Name and Complete Street Address:

LARRY C. INMAN, 8971 CROCKET RD
WILLIAMSBURG, MI 49690

9b. Treasurer Phone #: 231-357-8470

9c. Treasurer E-mail Address: LARRYINMAN@CHARTER.NET

10. Designated Recordkeeper Name:

LARRY C. INMAN

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

NO ACCOUNT OPENED.

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] LARRY C. INMAN 10/7/2020

Date

Current Treasurer Signature: [Signature] LARRY C. INMAN 10/7/2020

Date

Clear Form

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Larry C. Inman

ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

no ID.

011

Enter contributor's name and address.

2. Name and Address:

3. Date of Receipt:

none

5. Amount

6. Amount
(In-Kind)

7.
Cumulative

\$ _____

\$ _____

\$ _____

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)

\$ _____

\$ _____

\$ _____

Forward to
#1 Summary
Page

Forward to
#2 Summary
Page



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:

Michigan Department of State
Bureau of Elections
P.O. Box 20126
Lansing, Michigan 48901-0726
Phone: (517) 335-3234
Fax: (517) 241-4785
Email: Disclosure@Michigan.gov

Visit us at:

430 West Allegan Street
1st Floor Richard H. Austin Building
Lansing, MI 48918
www.michigan.gov/sos/



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: NO ID FILED

2. Type of Filing: Original Filing Amendment: Items: _____ Eff. Date: Dec 31ST 2019

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")
not filed

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

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: 104th

6. A description of the criminal, civil or administrative action at issue:
① Attempted Bribery Attempted Extortion... Jury Trial Hung Jury. ② Not Guilty of Lying to the FBI.

7. Date of Initial Contribution/Expenditure: 1/1/1

8a. Complete Mailing Address (May be PO Box):
8971 CROCKETT RD
WILLIAMSBURG, MICHIGAN
49690

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

8c. Legal Defense Fund Phone #: 231-357-8470

8d. Legal Defense Fund Fax #: 231-938-1418

8e. Legal Defense Fund E-mail Address: LARRYINMAN@CHARTER.NET

8f. Legal Defense Fund Web Address: N/A

9a. Treasurer Name and Complete Street Address:
LARRY C. INMAN
8971 CROCKETT RD
WILLIAMSBURG, MICHIGAN 49690

9b. Treasurer Phone #: 231-357-8470

9c. Treasurer E-mail Address: LARRYINMAN@CHARTER.NET

10. Designated Recordkeeper Name: LARRY C. INMAN
LARRY C. INMAN

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)
no account opened - none

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] LARRY C. INMAN 1/7/20
Date

Current Treasurer Signature: [Signature] LARRY C. INMAN 1/7/20
Date



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 -</u>	1b. \$ _____
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>- 0 -</u>	3b. \$ <u>31,500</u>
4. Itemized Expenditures	4a. \$ <u>- 0 -</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
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>31,500</u> → TOTAL FUNDS	PAID BY LARRY C INMAN NEUMANN LAW GROUP - TANNON CITY, MI
8. Amount received during reporting period (Item 1a.)	8. \$ <u>- 0 -</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ _____	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>- 0 -</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>31,500</u> →	

* The ending balance must always be a positive number.

011



STATE OF MICHIGAN
JOCELYN BENSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

December 6, 2019

Representative Larry Inman
8971 Crockett
Williamsburg, Michigan 49690

Re:

**NOTICE OF FAILURE TO FILE
NOTICE OF LATE FILING FEE DUE
MICHIGAN'S LEGAL DEFENSE FUND ACT**

Dear Representative Inman:

Public Act 288 of 2008, Michigan's Legal Defense Fund Act (LDFA), was signed by the Governor on October 6, 2008 with immediate effect. The LDFA was enacted to regulate and require reports for contributions and expenditures made to assist elected officials in defending themselves against a criminal, civil or administrative action arising directly out of the conduct of the elected official's governmental duties.

The LDFA covers public officials who are elected or appointed to state and local level elective office. Public officials covered under the LDFA are referred to as "Elected Officials."

The elected official must file a Statement of Organization with the Michigan Department of State, Bureau of Elections for the Legal Defense Fund (LDF) within 10 calendar days after receiving the first contribution or making the first expenditure (MCL 15.25(1)). The LDF must only make legal expenditures in defending the elected official against a criminal, civil or administrative action arising directly out of the conduct of the elected official's governmental duties. The Secretary of State is the only filing official for Legal Defense Funds. The requirement to file is triggered immediately after any contribution is received or any expenditure is made regardless of amount or source; including the Elected Officials own contributions. There is no fee for registering the LDF itself; however late filing fees are assessed if the Statement of Organization is filed late.

Reporting Requirements

If the Legal Defense Fund is registered or required to be registered, reports must be filed. The reports are called Quarterly Transaction Reports and are due regardless of the level of activity, (MCL 15.257). This means that a report is owed even if the LDF does not raise or spend any funds during a reporting period. Late filing fees must be assessed if reports are not filed on time (MCL 15.529(1)). There is no provision that excuses the LDF from filing Quarterly Transaction Reports.

Late Filing Fees

An elected official who fails to file a Statement of Organization for a Legal Defense Fund will be assessed a late filing fee of \$10.00 for each business day the statement remains un-filed to a maximum of \$300.00.

Based on information available to this office, it appears that the LDF Statement of Organization was required to be filed. To date, the Bureau has not received a filing. Please consider this letter a Notice of Failure to File the LDF Statement of Organization and a Notice of Late Filing fee for this failure of \$300.00.

An elected official who fails to file a Quarterly Transaction Report will be assessed a late filing fee. If the LDF has received contributions totaling \$10,000.00 or less during the previous 2 years, the late filing fee is \$25.00 for each business day up to \$500.00. If the legal defense fund has received contributions totaling more than \$10,000.00 during the previous 2 years, the late filing fee cannot exceed \$1,000.00. No provision of the LDFA allows the Department of State to waive late filing fees.

Based on information available to this office, it appears that the LDF is required to file the July Quarterly Transaction Report due July 25, 2019 and the October Quarterly Transaction Report due October 25, 2019. Please consider this letter a Notice of Failure to File for each of the statements listed above and a Notice of Late Filing fee for these failures of \$2,000.00, representing \$1,000.00 per report.

You are encouraged to complete the required filings and submit them immediately. Failure to file 2 or more reports that remain unfiled for more than 30 day is a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$1,000.00, or both.

Information and forms are available on our website at www.Michigan.gov/elections under the Legal Defense Funds tab.

Sincerely,


Evelyn Quiñega, Director, Disclosure Data Division
Michigan Department of State
Bureau of Elections



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. \$ _____	1b. \$ _____
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>1,500⁰⁰</u>	3b. \$ <u>30,000⁰⁰</u>
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. \$ <u>00</u>	
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. \$ <u>00</u>	

* The ending balance must always be a positive number.

* Personal funds by Larry C. Inman personally.

* Personal ^{expense} funds to Newman Law Group,
Traverse City, MI (Expense)

* no contribution other me

* Only Expense was payment to
Newman Law Group, TRAVERSE CITY, for
Attorney Retainer for Chris Cooke



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: <i>not set up</i>
---	--

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <i>none</i> 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	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: Not Filed OH

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

3. Full Name of Legal Defense Fund: To the State
Not Established (Must include Official's first and last name and the words "Legal Defense Fund")

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

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:
Attempted Bribery, Attempted Extortion, Lying to the FBI.

7. Date of Initial Contribution/Expenditure: 1/1/19

8a. Complete Mailing Address (May be PO Box):
8971 CROCKETT RD
WILLIAMSBURG, MI 49690

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

8c. Legal Defense Fund Phone #: 231-357-8470

8d. Legal Defense Fund Fax #: N/A

8e. Legal Defense Fund E-mail Address: LARRY INMAN @ charter.net

8f. Legal Defense Fund Web Address: none

9a. Treasurer Name and Complete Street Address:
LARRY E. INMAN, 8971 CROCKETT RD
WILLIAMSBURG, MI 49690

9b. Treasurer Phone #: 231-357-8470

9c. Treasurer E-mail Address: LARRY INMAN @ charter.net

10. Designated Recordkeeper Name:
LARRY INMAN

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)
none

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] Larry E Inman 12/6/19
Date

Current Treasurer Signature: [Signature] Larry E Inman 12/6/19
Date

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."