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

1a. Legal Defense Fund I.D. Number: 612

1b. Legal Defense Fund Name: Anderson, Matthew R. Legal Defense Fund

1c. Legal Defense Fund Address: 9501 Rolling Ridge Dr. Traverse City, MI 49686

1d. Legal Defense Fund Phone: 231-632-3580

2a. Official's Full Name: Matthew R. Anderson

2b. Official's Office: Traverse City Area Public Schools Board

3a. Treasurer's Full Name: Matthew R. Anderson

3b. Treasurer's Residential Address: 9501 Rolling Ridge Dr. Traverse City, MI 49686

3c. Treasurer's Business Address: 9501 Rolling Ridge Dr. Traverse City, MI 49686

3d. Treasurer's Phone Number(s): 231-632-3580

4a. Quarterly Transaction Report Covering:

- [x] **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**

4b. [ ] Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)

5. [x] Dissolution of Legal Defense Fund:

Effective Date of Dissolution

3 / 17 / 20

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.

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: Matthew R. Anderson 2/25/20

Treasurer's/Designated Record Keeper's Signature and Date: _____ __/__/__

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND**
**SUMMARY PAGE**

FOR OFFICIAL USE ONLY

## Summary Page

| | Column I<br>This Period | Column II<br>Cumulative Calendar Year |
|---|---|---|
| 1. Contributions | 1a. $ 2,304.54 | 1b. $ 2,304.54 |
| 2. In-Kind Contributions | 2a. $ | 2b. $ |
| 3. TOTAL CONTRIBUTIONS | 3a. $ 2,304.54 | 3b. $ 2,304.54 |
| 4. Itemized Expenditures | 4a. $ 2,304.54 | |
| 5. Unitemized Expenditures (less than $50.01 each - no Schedule) | 5a. $ | |
| 6. TOTAL EXPENDITURES | 6a. $ 2,304.54 | 6b. $ 2,304.54 |

**BALANCE STATEMENT**

| | |
|---|---|
| 7. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | 7. $ 0 |
| 8. Amount received during reporting period (Item 1a.) | 8. $ 2,304.54 |
| 9. SUBTOTAL Add lines 7 and 8 | 9. $ 2,304.54 |
| 10. Amount expended during reporting period (Item 6a.) | 10. $ 2,304.54 |
| 11. ENDING BALANCE<br>(Subtract line 10 from line 9) | 11. $ 0 * |

* 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: Anderson, Matthew R Legal Defense Fund

| Enter contributor's name and address. | 5. Amount | 6. Amount (In-Kind) | 7. Cumulative |
|---|---|---|---|
| 2. Name and Address: Matthew R. Anderson, 9501 Rolling Ridge Dr., Traverse City, MI 49686 — 3. Date of Receipt: 1/1/20 — 4. If over $100.00 cumulative, please provide: Occupation: Insurance Sales — Employer: Global Marine Insurance — Place of Business: Traverse City, MI | $ 1,177.09 | $ | $ 1,177.09 |
| 2. Name and Address: Matthew R. Anderson, 9501 Rolling Ridge Dr., Traverse City, MI 49686 — 3. Date of Receipt: 2/3/20 — 4. If over $100.00 cumulative, please provide: Occupation: Insurance Sales — Employer: Global Marine Insurance — Place of Business: Traverse City, MI | $ 974.95 | $ | $ 2,152.04 |
| 2. Name and Address: Matthew R. Anderson, 9501 Rolling Ridge Dr., Traverse City, MI 49686 — 3. Date of Receipt: 2/25/20 — 4. If over $100.00 cumulative, please provide: Occupation: — Employer: — Place of Business: | $ 152.50 | $ | $ 2,304.54 |
| 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: | $ 2,304.50 | $ | $ 2,304.50 |
| Grand Total: (Complete on last page of Schedule) | $ 2,304.50 | $ | $ 2,304.50 |
| Page 1 of 1 | 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: Anderson, Matthew R. Legal Defense Fund | | |
|---|---|---|---|
| 2. Name and address of person or vendor paid | 3. Purpose | 4. Date | 5. Amount |
| Bowerman, Bowden, Ford, Clulo & Luyt, P.C. 620A Woodmere, Traverse City, MI 49686 | Legal Fees | 1/1/20 | $ 1,177.09 |
| Bowerman, Bowden, Ford, Clulo & Luyt P.C. 620A Woodmere, Traverse City, MI 49686 | Legal Fees | 2/3/20 | $ 974.95 |
| Bowerman, Bowden, Ford, Clulo & Luyt PC 620 A. Woodmere, Traverse City, MI 49686 | Legal Fees | 2/25/20 | $ 52.50 |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | Page Subtotal | | $ 2,304.54 |
| | Grand Total (Complete on last page of Schedule) | | $ 2,304.54 |
| Page 1 of 1 | | | Forward to #3 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 #:** 012

**2. Type of Filing:** [X] 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.):** Anderson, Matthew R. Legal Defense Fund.

**5a. Office (Check one):**

| | | | | |
|---|---|---|---|---|
| [ ] Governor | [ ] State Senator | [ ] MSU Trustee | [ ] Circuit Court | [X] 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:** Traverse City Area Public Schools (TCAPS)

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

Voted to authorize the TCAPS School board President to enter into a Mutual Seperation agreement with the TCAPS Superintendent.

**7. Date of Initial Contribution/Expenditure:** 12 / 30 / 2019

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

9501 Rolling Ridge Dr.
Traverse City, MI 49686

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

**8c. Legal Defense Fund Phone #:** 231-632-3580

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

**8e. Legal Defense Fund E-mail Address:** N/A

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

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

Matthew R. Anderson
9501 Rolling Ridge Dr.
Traverse City, MI 49686

**9b. Treasurer Phone #:** 231-632-3580

**9c. Treasurer E-mail Address:** N/A

**10. Designated Recordkeeper Name:** N/A

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

Chase Bank
Front St. Traverse City, MI 49684

**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] 2 / 25 / 26
Date

Current Treasurer Signature: _____ / / _____
Date

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

5 ael

**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

1a. Legal Defense Fund I.D. Number: 012

1b. Legal Defense Fund Name: Anderson, Matthew R. Legal Defense Fund

1c. Legal Defense Fund Address: 9501 Rolling Ridge Dr. Traverse City, MI 49686

1d. Legal Defense Fund Phone: 231-632-3580

2a. Official's Full Name: Matthew R. Anderson

2b. Official's Office: Traverse City Area Public Schools board

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3d. Treasurer's Phone Number(s): 231-632-3580

4a. Quarterly Transaction Report Covering:

- [x] **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**

4b. [ ] Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)

5. [ ] Dissolution of Legal Defense Fund:

Effective Date of Dissolution

____/____/____

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Official's Signature ~~and~~ Date: Matthew R. Anderson 2/25/20

Treasurer's/Designated Record Keeper's Signature and Date: _____ ___/___/___

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: Anderson, Matthew R Legal Defense Fund

| Enter contributor's name and address. | 5. Amount | 6. Amount (In-Kind) | 7. Cumulative |
|---|---|---|---|
| 2. Name and Address: Matthew R. Anderson, 9501 Rolling Ridge Dr., Traverse City, MI 49686 — 3. Date of Receipt: 1/1/20 — 4. If over $100.00 cumulative, please provide: Occupation: Insurance Sales — Employer: Global Marine Insurance — Place of Business: Traverse City, MI | $ 1,177.09 | $ | $ 1,177.09 |
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| 2. Name and Address: Matthew R. Anderson, 9501 Rolling Ridge Dr., Traverse City, MI 49686 — 3. Date of Receipt: 2/25/20 — 4. If over $100.00 cumulative, please provide: Occupation: — Employer: — Place of Business: | $ 152.50 | $ | $ 2,304.54 |
| 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: | $ 2,304.50 | $ | $ 2,304.50 |
| Grand Total: (Complete on last page of Schedule) | $ 2,304.50 | $ | $ 2,304.50 |
| Page 1 of 1 | 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: Anderson, Matthew R. Legal Defense Fund | | |
|---|---|---|---|
| 2. Name and address of person or vendor paid | 3. Purpose | 4. Date | 5. Amount |
| Bowerman, Bowden, Ford, Clulo & Luyt, P.C. 620A Woodmere, Traverse City, MI 49686 | Legal Fees | 1/1/20 | $ 1,177.09 |
| Bowerman, Bowden, Ford, Clulo & Luyt P.C. 620A Woodmere, Traverse City, MI 49686 | Legal Fees | 2/3/20 | $ 974.95 |
| Bowerman, Bowden, Ford, Clulo & Luyt PC. 620 A. Woodmere, Traverse City, MI 49686 | Legal Fees | 2/25/20 | $ 52.50 |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | Page Subtotal | | $ 2,304.54 |
| | Grand Total (Complete on last page of Schedule) | | $ 2,304.54 |
| Page 1 of 1 | | | Forward to #3 Summary Page |