



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

RECEIVED/FILED
MICHIGAN DEPT OF STATE
ELECTIONS/GREAT SEAL
2016 JUL 25 PM 5:53

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>003</u></p> <p>1b. Legal Defense Fund Name: <u>Legal Defense Fund For Pete</u></p> <p>1c. Legal Defense Fund Address: <u>P.O. Box 370</u> <u>New Buffalo, MI</u> <u>49117</u></p> <p>1d. Legal Defense Fund Phone: <u>312 285 1044</u></p>	<p>2a. Official's Full Name: <u>Pete Weber</u></p> <p>2b. Official's Office: <u>City of New Buffalo Council</u></p>
<p>3a. Treasurer's Full Name: <u>Pete Weber (Repeating Susan Gotfried)</u></p> <p>3b. Treasurer's Residential Address: <u>22 S. Chicago</u> <u>New Buffalo, MI</u> <u>49117</u></p>	<p>3c. Treasurer's Business Address: <u>Same as L.D.F. Address</u></p> <p>3d. Treasurer's Phone Number(s): <u>312 285 1044</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 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>Pete E. Weber</u> <u>07/25/16</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Pete E. Weber</u> <u>07/25/16</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. \$ _____	1b. \$ _____
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ _____	3b. \$ _____
4. Itemized Expenditures <i>ATTORNEY TAYLOR PERKIN</i>	4a. \$ <u>20.94</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>20.94</u>	6b. \$ _____

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>20.94</u>
8. Amount received during reporting period (Item 1a.)	8. \$ _____
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>20.94</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>20.94</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0</u> 7/25/16

* The ending balance must always be a positive number.

Quiroga, Evelyn (MDOS)

From: pete weber <pete.f.weber@gmail.com>
Sent: Monday, July 25, 2016 5:26 PM
To: Quiroga, Evelyn (MDOS)
Subject: Re: Reminder: Legal Defense Fund Filing Due 7/25/2016

Hi Evelyn,

Per our conversation from this afternoon I have had no contributions and I have sent a check for 20.94 usd that closes out the balance. I am requesting this fund be closed immediately. Thanks for all of your time and assistance through this horrible part of my life. You are a very kind and caring person.

Thanks,

Pete Weber

On Jul 5, 2016 3:29 PM, "Quiroga, Evelyn (MDOS)" <QuirogaE1@michigan.gov> wrote:

Dear Legal Defense Fund Members:

All active Legal Defense Funds must file the July Quarterly Statement no later than **Monday July 25, 2016**. This is true even if no activity occurred in the fund during the reporting period. The reporting period is from April 1, 2016 – June 30. Late filing fees apply.

Please see our [website](#) for blank forms and additional information.

Please feel free to reply to this email with any questions.

Evelyn Quiroga

Disclosure Data Division

Michigan Department of State

Bureau of Elections

Phone: [517-335-2790](tel:517-335-2790)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2016 APR 25 PM 3:47
ELECTIONS/GREAT SEAL

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: 003

2a. Official's Full Name:

Pete Weber

1b. Legal Defense Fund Name:

Legal Defense Fund For Pete

1c. Legal Defense Fund Address:

P.O. Box 370
New Buffalo, MI
49117

2b. Official's Office:

City of New Buffalo Council

1d. Legal Defense Fund Phone: 312 285 1044

3a. Treasurer's Full Name:

Pete Weber (Replacing Susan G. Fried)

3b. Treasurer's Residential Address:

22 S. Chicago
New Buffalo, MI
49117

3c. Treasurer's Business Address:

Same as C.D.F. Address

3d. Treasurer's Phone Number(s): 312 285 1044

4a. Quarterly Transaction Report Covering:

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

5. Dissolution of Legal Defense Fund:

Effective Date of Dissolution

 / /

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.

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

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:

Pete E. Weber

4/24/16

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

Pete E. Weber

4/24/16



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>\$100-</u>	1b. \$ <u>100</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>\$100-</u>	3b. \$ <u>100</u>
4. Itemized Expenditures <u>Attorney Tot Perish</u>	4a. \$ <u>\$100</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>\$100-</u>	6b. \$ <u>100</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>20.94</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>100.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>120.94</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>100.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>20.94</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:

003 Legal Defense Fund for Pete Weber

Enter contributor's name and address.

2. Name and Address:

3. Date of Receipt: 3/29/12

5. Amount

6. Amount (In-Kind)

7. Cumulative

Pete Weber

PO Box 370 New Buffalo MI 49117

\$ 100

\$

\$ 100

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

Forward to #2 Summary

Attn Evelyn

517 373 0741



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

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

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2016 APR 25 PM 3:45
ELECTIONS/GREAT SEAL



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

RECEIVED/FILED
MICHIGAN DEPT OF STATE

2016 JAN 25 PM 2: 12

ELECTIONS/GREAT SEAL

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>003</u></p> <p>1b. Legal Defense Fund Name: <u>Legal Defense Fund for Pete Weber</u></p> <p>1c. Legal Defense Fund Address: <u>PO Box 370</u> <u>New Buffalo, MI 49117</u></p> <p>1d. Legal Defense Fund Phone: <u>312-286-1044</u></p>	<p>2a. Official's Full Name: <u>Pete Weber</u></p> <p>2b. Official's Office: <u>City of New Buffalo Council</u></p>
<p>3a. Treasurer's Full Name: <u>Pete Weber</u></p> <p>3b. Treasurer's Residential Address: <u>22 S. Chicago Street</u> <u>New Buffalo, MI 49117</u></p>	<p>3c. Treasurer's Business Address: <u>Same as L. D. F. Address</u></p> <p>3d. Treasurer's Phone Number(s): <u>312-286-1044</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:</p> <p>Effective Date of Dissolution</p> <p>____/____/____</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: 01/25/16

Treasurer's/Designated Record Keeper's Signature and Date: 01/25/16



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

RECEIVED/FILED
MICHIGAN DEPT OF STATE

2016 JAN 25 PM 2:13

ELECTIONS/GREAT SEAL

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. \$ <u>3,045</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>50</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0</u>	3b. \$ <u>3,095</u>
4. Itemized Expenditures	4a. \$ <u>1,100.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>1,100.00</u>	6b. \$ <u>- 3,095</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1120.89</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>\$0.05 interest</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>1120.94</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>1100.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>.20.94</u>

* The ending balance must always be a positive number.

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2016 JAN 25 PM 2:13
ELECTIONS/GREAT SEAL

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) 373 2540
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

LEGAL DEFENSE FUND
COVER PAGE

RECEIVED/EN EN
MICHIGAN DEPT OF STATE
2015 OCT 20 PM 2:09
ELECTIONS/GREAT SEAL

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>003</u></p> <p>1b. Legal Defense Fund Name: <u>Legal Defense Fund for Pete Weber</u></p> <p>1c. Legal Defense Fund Address: <u>PO Box 370 New Buffalo, MI 49117</u></p> <p>1d. Legal Defense Fund Phone: <u>312-286-1044</u></p>	<p>2a. Official's Full Name: <u>Pete Weber</u></p> <p>2b. Official's Office: <u>City of New Buffalo Council</u></p>
<p>3a. Treasurer's Full Name: <u>Pete Weber</u></p> <p>3b. Treasurer's Residential Address: <u>22 S. Chicago Street New Buffalo, MI 49117</u></p>	<p>3c. Treasurer's Business Address: <u>Same as L.D.F. Address</u></p> <p>3d. Treasurer's Phone Number(s): <u>312-286-1044</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:</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><i>Pete Weber</i></u> <u>10, 26, 2015</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>Pete Weber</i></u> <u>10, 26, 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</u>	1b. \$ <u>3,045</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>50</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0</u>	3b. \$ <u>3,095</u>
4. Itemized Expenditures	4a. \$ <u>1,100.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>1,100.00</u>	6b. \$ <u>3,095</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1120.89</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.05 interest</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>1120.94</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>1100.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>20.94</u>

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

RECEIVED/FILED
MICHIGAN DEPT OF STATE

2015 JUL 28 AM 8:10

ELECTIONS/GREAT SEAL

LEGAL DEFENSE FUND
COVER PAGE

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FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>003</u></p> <p>1b. Legal Defense Fund Name: <u>Legal Defense Fund For Pete</u></p> <p>1c. Legal Defense Fund Address: <u>P.O. Box 370</u> <u>New Buffalo, MI</u> <u>49117</u></p> <p>1d. Legal Defense Fund Phone: <u>312 285 1044</u></p>	<p>2a. Official's Full Name: <u>Pete Weber</u></p> <p>2b. Official's Office: <u>City of New Buffalo Council</u></p>
<p>3a. Treasurer's Full Name: <u>Pete Weber (Replacing Susan Gottfried)</u></p> <p>3b. Treasurer's Residential Address: <u>22 S. Chicago</u> <u>New Buffalo, MI</u> <u>49117</u></p>	<p>3c. Treasurer's Business Address: <u>Same as L.D.F. Address</u></p> <p>3d. Treasurer's Phone Number(s): <u>312 285 1044</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 type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution <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>
<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>Pete E. Weber</u> <u>7/20/2015</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Pete E. Gottfried</u> <u>7/17/2015</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</u>	1b. \$ <u>3,245</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>50</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0</u>	3b. \$ <u>3,295</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. \$ _____

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1,120.80</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>1,120.80</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,120.80</u> <i>+.09 interest</i>

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BUREAU OF ELECTIONS
MI DEPT OF STATE

2015 APR 21 PM 4: 56

**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>003</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Pete Weber</p> <p>1c. Legal Defense Fund Address: 412 E Detroit Street New Buffalo, MI 49117</p> <p>1d. Legal Defense Fund Phone: <u>269 469-1358</u></p>	<p>2a. Official's Full Name: Pete Weber</p> <p>2b. Official's Office: City of New Buffalo City Council</p>
<p>3a. Treasurer's Full Name: Susan Gotfried</p> <p>3b. Treasurer's Residential Address: Same as above</p>	<p>3c. Treasurer's Business Address: Same as Legal Defense address</p> <p>3d. Treasurer's Phone Number(s): _____</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 style="text-align: center;">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><i>Pete Weber</i></u> <u>04/21/2015</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>Susan Gotfried</i></u> <u>4/21/15</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

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Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>3,045.00</u>	1b. \$ <u>3,045.00</u>
2. In-Kind Contributions	2a. \$ <u>50.00</u>	2b. \$ <u>50.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>3,095.00</u>	3b. \$ <u>3,095.00</u>
4. Itemized Expenditures	4a. \$ <u>3,294.20</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>3,294.20</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>3,294.20</u>	6b. \$ <u>3,294.20</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1,370.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>3,045.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>4,415.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>3,294.20</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,120.80</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: Legal Defense for Pete Weber 003		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Ernest Melichar 1115 Marquette New Buffalo, MI 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ _____	\$ 50.00
2. Name and Address: Adam Kesling 208 Marx Dr NB, MI 49117 3. Date of Receipt: 03/17/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ _____	\$ 100.00
2. Name and Address: Patty Bernstein 222 S Whittaker Unit C New Buffalo, MI 3. Date of Receipt: 03/17/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ _____	\$ 150.00
2. Name and Address: Edward Oldis 98 Windmill Road Orland Park, IL 3. Date of Receipt: 03/02/15 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 200.00	\$ _____	\$ 350.00
2. Name and Address: Donald Wood 5200 Harvey Western Springs, IL 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: retired Employer: _____ Place of Business: _____		\$ 150.00	\$ _____	\$ 500.00
2. Name and Address: Larry Lynch 1312 W Water Street New Buffalo, MI 3. Date of Receipt: 03/15/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ _____	\$ 550.00
Page Subtotal:		\$ 550.00	\$ _____	\$ 550.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page 1 of 5		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: Legal Defense Fund for Pete Weber #003		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Ron Watson 1029 E Kennebec LN. Naperville, IL 3. Date of Receipt: 03/25/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 100.00	\$ _____	\$650.00
2. Name and Address: John Fay 2500 Central Street Apt. 2E 3. Date of Receipt: 03/25/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 25.00	\$ _____	\$675.00
2. Name and Address: Shirley Covert 209 S Willard Street New Buffalo, MI 3. Date of Receipt: 03/25/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ _____	\$725.00
2. Name and Address: Judith Bobber 1501 W Water Street New Buffalo, MI 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$40.00	\$ _____	\$765.00
2. Name and Address: Heidi Hornaday 135 S Mayhew New Buffalo, MI 3. Date of Receipt: 02/09/2015 4. If over \$100.00 cumulative, please provide: Occupation: Architect Employer: Self-employed Place of Business: Home		\$ 300.00	\$ _____	\$ 1,065.00
2. Name and Address: Gary Pieczora 1306 W Water Street New Buffalo, MI 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 60.00	\$ _____	\$ 1,125.00
Page Subtotal:		\$ 575.00	\$ _____	\$ 1,125.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page 2 of 5		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: Legal Defense Fund for Pete Weber #003		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Larry Knight 1621 S Halsey Chicago, IL 60608 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 100.00	\$ _____	\$ 1,225.00
2. Name and Address: Ted Grzywacz 1211 S Prairie Ave Unit 5702 Chicago, IL 60609 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: CEO Employer: Berkshire Refrigerated Warehouses Place of Business: 4560 S Praire Ave Chicago, IL		\$ 200.00	\$ _____	\$ 1,425.00
2. Name and Address: Debra Singer 1306 W Water Street New Buffalo, MI 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 100.00	\$ _____	\$ 1,525.00
2. Name and Address: Julie Nikkel 9924 Cottage Lane Union Pier, MI 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 100.00	\$ _____	\$ 1,625.00
2. Name and Address: Liz Ennis 1220 W Indiana Street New Buffalo, MI 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 100.00	\$ _____	\$ 1,725.00
2. Name and Address: Edward Oldis 98 Windmill Road Orland Park, IL 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: retired Employer: _____ Place of Business: _____ <i>okay file 11/20/2015</i>		\$ 200.00 200.00	\$ _____	\$ 1,925.00
Page Subtotal:		\$ 800.00	\$ _____	\$ 1,925.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page 3 of 5		Forward to #1 Summary	Forward to #2 Summary	



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: Legal Defense Fund for Pete Weber #003
---	--

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: <u>03/02/2015</u> Richard Holland 175 N Harbor Drive APT 5206 Chicago, IL 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>100.00</u>	\$ _____	\$ <u>2,025.00</u>
2. Name and Address: 3. Date of Receipt: <u>03/02/2015</u> James Stepanek 16695 White Oak Lane New Buffalo, MI 49117 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: _____ Place of Business: _____	\$ <u>200.00</u>	\$ _____	\$ <u>2,225.00</u>
2. Name and Address: 3. Date of Receipt: <u>03/02/2015</u> Cecilia Trizna 1501-57 Water Street New Buffalo, MI 49117 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>50.00</u>	\$ _____	\$ <u>2,275.00</u>
2. Name and Address: 3. Date of Receipt: <u>03/02/2015</u> Donald White 15947 Bittersweet Lane Union Pier, MI 49129 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>50.00</u>	\$ _____	\$ <u>2,325.00</u>
2. Name and Address: 3. Date of Receipt: <u>03/02/2015</u> Rosemarie Knight 4712 W 88th Street Apt 1 Hometown, IL 60456 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>100.00</u>	\$ _____	\$ <u>2,425.00</u>
2. Name and Address: 3. Date of Receipt: <u>03/02/2015</u> J. M. Hayes PO Box 564 New Buffalo 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>50.00</u>	\$ _____	\$ <u>2,475.00</u>
Page Subtotal:	\$ <u>550.00</u>	\$ _____	\$ <u>2,475.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>2,475.00</u>	\$ _____	\$ <u>2,475.00</u>
Page <u>4</u> of <u>5</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: Legal Defense Fund for Pete Weber #003		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Dan Sanders</u> <u>12421 Webee Road</u> <u>New Buffalo, MI</u> 3. Date of Receipt: <u>03/02/2015</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>70.00</u>	\$ _____	\$ <u>2,545.00</u>
2. Name and Address: <u>Chris Pfauser and Rob Gow</u> <u>11812 Riviera Drive</u> <u>New Buffalo, MI</u> 3. Date of Receipt: <u>01/15/2015</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Broker</u> Employer: <u>Bershire Hathaway Home Sales</u> Place of Business: <u>2 N Whittaker Street, NB, MI</u>		\$ <u>150.00</u>	\$ _____	\$ <u>2,695.00</u>
2. Name and Address: <u>Nancy Smith</u> <u>103 N Berrien Street</u> <u>New Buffalo, MI 49117</u> 3. Date of Receipt: <u>01/23/2015</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>20.00</u>	\$ _____	\$ <u>2,715.00</u>
2. Name and Address: <u>Larry Bernstein</u> <u>222 S Whittaker</u> <u>New Buffalo, MI</u> 3. Date of Receipt: <u>01/13/2015</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>25.00</u>	\$ _____	\$ <u>2,740.00</u>
2. Name and Address: <u>Thomas Smith</u> <u>115 E Water Street</u> <u>New Buffalo, MI</u> 3. Date of Receipt: <u>03/25/2015</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>50.00</u>	\$ _____	\$ <u>2,790.00</u>
2. Name and Address: <u>William McCollum</u> <u>109 S Franklin Street</u> <u>New Buffalo, MI</u> 3. Date of Receipt: <u>03/02/2015</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Architect</u> Employer: <u>Self-employed</u> Place of Business: <u>18101 Ford Avenue, Ingham, Union Park, MI</u>		\$ <u>255.00</u>	\$ _____	\$ <u>3,045.00</u>
Page Subtotal:		\$ <u>570</u>	\$ _____	\$ <u>3,045.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>3,045.00</u>	\$ _____	\$ <u>3,045.00</u>
Page <u>5</u> of <u>5</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	

Quiroga, Evelyn (MDOS)

From: Susan Gotfried <sgotfried@comcast.net>
Sent: Tuesday, April 21, 2015 4:43 PM
To: Quiroga, Evelyn (MDOS)
Cc: pete.f.weber@gmail.com
Subject: Fw: Legal Defense Fund - second email
Attachments: Pete Weber's 1st qtr 2015 report.pdf

I forgot to attach the report

From: Susan Gotfried
Sent: Tuesday, April 21, 2015 4:41 PM
To: Evelyn (MDOS) Quiroga
Cc: pete.f.weber@gmail.com
Subject: Legal Defense Fund

Please find the first quarter, 2015 Legal Defense Fund report for Pete Weber. This will be the last report I submit for Pete Weber. He will make the treasurer change on his next report.

Thank you,

Susan Gotfried

BUREAU OF ELECTIONS
MI DEPT OF STATE
2015 APR 21 PM 4: 56

775 27 28 11 30

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>003</u></p> <p>1b. Legal Defense Fund Name: <i>Legal Defense Fund for Pete Weber</i></p> <p>1c. Legal Defense Fund Address: <i>412 E Detroit St New Buffalo, MI 49117</i></p> <p>1d. Legal Defense Fund Phone: <u>269-469-1358</u></p>	<p>2a. Official's Full Name: <i>Pete Weber</i></p> <p>2b. Official's Office: <i>City of New Buffalo City Council</i></p>
<p>3a. Treasurer's Full Name: <i>Susan Gottfried</i></p> <p>3b. Treasurer's Residential Address: <i>412 E Detroit St New Buffalo, MI 49117</i></p>	<p>3c. Treasurer's Business Address: <i>same as residential</i></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><i>Peter J. Weber</i></u> <u>1/25/2015</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>Susan Gottfried</i></u> <u>1/24/2015</u></p>	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND for *Pete Weber 003*
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>1,370⁰⁰</u>	1b. \$ <u>1,870⁰⁰</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ <u>1,000⁰⁰</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>2,370⁰⁰</u>	3b. \$ <u>2,370⁰⁰</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>1,370⁰⁰</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>1,370⁰⁰</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,370⁰⁰</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>003 LDF For Pete Weber</u>		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Michael and Donna Messinger</u> <u>226 Mayhew Street</u> <u>New Buffalo, MI 49117</u> 3. Date of Receipt: <u>11/03/14</u> check to <u>5141 1/2 Ave, Buckle Up: 4250 Chicago Dr. SW</u> <u>St Joseph, MI 49418</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Director of OJI</u> Employer: <u>Metal Processing Corp</u> Place of Business: <u>261 Mississippi St, Gary, IN</u>		\$	\$ <u>1,000⁰⁰</u>	\$ <u>1,000⁰⁰</u>
2. Name and Address: <u>James and Nora Howe</u> <u>108 S Thompson Street</u> <u>New Buffalo, MI 49117</u> 3. Date of Receipt: <u>12/26/14</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>50⁰⁰</u>	\$	\$ <u>50⁰⁰</u>
2. Name and Address: <u>O'Mara & Associates</u> <u>235 N Whitaker Street Unit 45</u> <u>New Buffalo, MI 49117</u> 3. Date of Receipt: <u>12/26/14</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Healthcare Consultant</u> Employer: <u>O'Mara Consultants</u> Place of Business: <u>235 N Whitaker St New Buffalo, MI</u>		\$ <u>300⁰⁰</u>	\$	\$ <u>300⁰⁰</u>
2. Name and Address: <u>Doug and Elizabeth Rock</u> <u>11567 Rivera Drive</u> <u>New Buffalo, MI 49117</u> 3. Date of Receipt: <u>12/26/14</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Trader</u> Employer: <u>self employed</u> Place of Business: <u>11567 Rivera Dr.</u>		\$ <u>500⁰⁰</u>	\$	\$ <u>500⁰⁰</u>
2. Name and Address: <u>Artene and Arnold Feinberg</u> <u>12 Pond Path</u> <u>New Buffalo, MI 49117</u> 3. Date of Receipt: <u>12/26/14</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>100⁰⁰</u>	\$	\$ <u>100⁰⁰</u>
2. Name and Address: <u>Blank</u> 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$	\$	\$
Page Subtotal:		\$ <u>950⁰⁰</u>	\$ <u>1,000⁰⁰</u>	\$ <u>1,950⁰⁰</u>
Grand Total: (Complete on last page of Schedule)		\$	\$	\$
Page <u>1</u> of <u>02</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: <i>003 LDF for Pete Weber</i>		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <i>Keith Singel & Suzanne Hays</i> <i>408 W Indiana St</i> <i>New Buffalo, MI 49117</i> 3. Date of Receipt: <i>12/26/14</i> 4. If over \$100.00 cumulative, please provide: Occupation: <i>Retired</i> Employer: _____ Place of Business: _____		\$ <i>100⁰⁰</i>	\$ _____	\$ <i>100⁰⁰</i>
2. Name and Address: <i>Shawn and Lynda Sherko</i> <i>235 W Whitaker Street # 44</i> <i>New Buffalo, MI 49117</i> 3. Date of Receipt: <i>12/26/14</i> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <i>20⁰⁰</i>	\$ _____	\$ <i>20⁰⁰</i>
2. Name and Address: <i>Bill and Karen Billington</i> <i>227 S Willard Street</i> <i>New Buffalo, MI 49117</i> 3. Date of Receipt: <i>12/26/14</i> 4. If over \$100.00 cumulative, please provide: Occupation: <i>Retired</i> Employer: _____ Place of Business: _____		\$ <i>150⁰⁰</i>	\$ _____	\$ <i>150⁰⁰</i>
2. Name and Address: <i>Mark Knoll & David Aaker</i> <i>214 S Maglow Street</i> <i>New Buffalo, MI 49117</i> 3. Date of Receipt: <i>12/26/14</i> 4. If over \$100.00 cumulative, please provide: Occupation: <i>Self-employed</i> Employer: <i>Whole 7 Yards</i> Place of Business: <i>15712 Park Avenue Highway</i> <i>Lakeville, MI 49116</i>		\$ <i>150⁰⁰</i>	\$ _____	\$ <i>150⁰⁰</i>
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:		\$ <i>420⁰⁰</i>	\$ _____	\$ <i>420⁰⁰</i>
Grand Total: (Complete on last page of Schedule)		\$ <i>1,370⁰⁰</i>	\$ <i>1,000</i>	\$ <i>2,370⁰⁰</i>
Page <i>2</i> of <i>2</i>		Forward to #1 Summary Page	Forward to #2 Summary Page	

Quiroga, Evelyn (MDOS)

From: Susan Gotfried <sgotfried@comcast.net>
Sent: Sunday, January 25, 2015 4:54 PM
To: Quiroga, Evelyn (MDOS)
Cc: pete.f.weber@gmail.com
Subject: 1st qtr LDF report
Attachments: Pete Weber 1st qtr LDF report.pdf; Cover page, Pete Weber 1st, quarterly LDF report.pdf

Please find attached the 1st quarter Legal Defense Fund report. The first attachment contains an unsigned cover page, two contribution pages and a summary page. The second attachment contains a signed cover page.

Thank you, Susan Gotfried

STATE OF MICHIGAN
OFFICE OF THE ATTORNEY GENERAL
JAN 25 2015 4:54 PM



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

December 5, 2014

Ms. Susan Godfried, Treasurer
412 E Detroit Street
New Buffalo, Michigan 49117

RE: Pete Weber Legal Defense Fund; **ID# 0003**

**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 #: 3

2. Type of Filing: Original Filing Amendment: Items: _____ Eff. Date: 12/4/2014

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 Pete Weber

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

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 City Council
 Attorney General UofM Reg. Appeals Court Municipal Court

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

6. A description of the criminal, civil or administrative action at issue:
Charge of MI Open Meeting Act

7. Date of Initial Contribution/Expenditure: 11/10/2014

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

8b. Complete Street Address (May not be PO Box):
412 E Detroit Street
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]

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
45 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: Pete F. Weber Date: Dec 4, 2014

Current Treasurer Signature: Susan Gotfried Date: 12, 4, 2014

2014 DEC 5 AM 8:47

BUREAU OF ELECTIONS
MI DEPT OF STATE

Wright, Veronica (MDOS)

From: Susan Gotfried <sgotfried@comcast.net>
Sent: Thursday, December 04, 2014 3:58 PM
To: SOS, Disclosure
Subject: Legal Defense Fund Applications
Attachments: Statement of Organization.pdf

Please find attached a Statement of Organization for Donna Messinger and Pete Weber.

Thanks for all your help, Susan Gotfried

BUREAU OF ELECTIONS
MI DEPT OF STATE
2014 DEC ~~5~~⁴ AM 8:47