



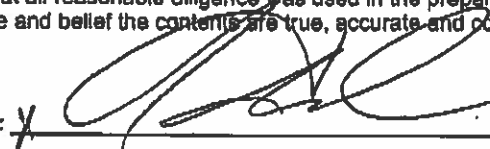
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

*Received
4/29*

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>007</u></p> <p>1b. Legal Defense Fund Name: TODD COURSER LDF</p> <p>1c. Legal Defense Fund Address: 455 S MAIN STREET LAPEER, MI 48446</p> <p>1d. Legal Defense Fund Phone: <u>810-245-0813</u></p> | <p>2a. Official's Full Name: TODD A COURSER</p> <p>2b. Official's Office: STATE REPRESENTATIVE</p> |
| <p>3a. Treasurer's Full Name: TODD A COURSER</p> <p>3b. Treasurer's Residential Address: 3110 MURPHY LAKE RD SILVERWOOD, MI 48760</p> | <p>3c. Treasurer's Business Address: 455 S MAIN STREET LAPEER, MI 48446</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 checked="" type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input checked="" type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p> | <p>5. <input checked="" type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution <u>1</u> , <u>24</u> , <u>16</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></u> <u>4.29.16</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: _____</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>8,695.00</u> | 1b. \$ <u>8,695.00</u> |
| 2. In-Kind Contributions | 2a. \$ _____ | 2b. \$ _____ |
| 3. TOTAL CONTRIBUTIONS | 3a. \$ <u>8,695.00</u> | 3b. \$ <u>8,695.00</u> |
| 4. Itemized Expenditures | 4a. \$ <u>8,695.00</u> | |
| 5. Unitemized Expenditures (less than \$50.01 each - no Schedule) | 5a. \$ _____ | |
| 6. TOTAL EXPENDITURES | 6a. \$ <u>8,695.00</u> | 6b. \$ <u>8,695.00</u> |

BALANCE STATEMENT

| | |
|--|------------------------|
| 7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | 7. \$ <u>0.00</u> |
| 8. Amount received during reporting period (Item 1a.) | 8. \$ <u>8,695.00</u> |
| 9. SUBTOTAL Add lines 7 and 8 | 9. \$ <u>8,695.00</u> |
| 10. Amount expended during reporting period (Item 6a.) | 10. \$ <u>8,695.00</u> |
| 11. ENDING BALANCE (Subtract line 10 from line 9) | 11. \$ <u>0.00</u> |

* The ending balance must always be a positive number.

RECEIVED/TIFF
 2016 APR 29 PM 2 37
 ELECTIONS/GREAT SEAL



**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: TODD A COURSER LDF |
|---|--|

| Enter contributor's name and address. | 5. Amount | 6. Amount (In-Kind) | 7. Cumulative |
|--|----------------------------|----------------------------|--------------------|
| 2. Name and Address: 3. Date of Receipt: <u>10/26/2016</u> TODD COURSER 455 S MAIN STREET LAPEER, MI 48446 4. If over \$100.00 cumulative, please provide: Occupation: <u>ATTNY</u> Employer: <u>TODD COURSER PLLC</u> Place of Business: <u>455 S MAIN STREET</u> | \$ <u>6,000.00</u> | \$ _____ | \$ <u>6,000.00</u> |
| 2. Name and Address: 3. Date of Receipt: _____ TODD COURSER 455 S MAIN STREET LAPEER, MI 48446 4. If over \$100.00 cumulative, please provide: Occupation: <u>ATTNY</u> Employer: <u>TODD COURSER PLLC</u> Place of Business: <u>455 S MAIN STREET</u> | \$ <u>2,695.00</u> | \$ _____ | \$ <u>8,695.00</u> |
| 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 <u>1</u> of <u>1</u> | 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: TODD COURSER LDF | | |
|---|------------|---|-------------------------------|--|
| 2. Name and address of person or vendor paid | 3. Purpose | 4. Date | 5. Amount | |
| DAN RANDAZZO 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309 | ATTNY | | \$ 2,695.00 | |
| DARETH WILSON 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309 | ATTNY | 10/26/2015 | \$ 6,000.00 | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
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| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| Page Subtotal | | | \$ | |
| Grand Total (Complete on last page of Schedule) | | | \$ 8,695.00 | |
| Page 1 of 1 | | | Forward to #3 Summary Page | |

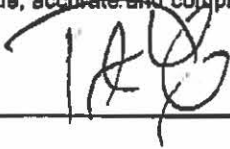
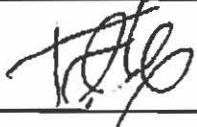


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

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FOR OFFICIAL USE ONLY

| | |
|--|--|
| <p>1a. Legal Defense Fund I.D. Number: _____</p> <p>1b. Legal Defense Fund Name: TODD COURSER LDF</p> <p>1c. Legal Defense Fund Address: 455 S MAIN STREET LAPEER, MI 48446</p> <p>1d. Legal Defense Fund Phone: <u>810-245-0813</u></p> | <p>2a. Official's Full Name: TODD A COURSER</p> <p>2b. Official's Office: STATE REPRESENTATIVE</p> |
| <p>3a. Treasurer's Full Name: TODD A COURSER</p> <p>3b. Treasurer's Residential Address: 3110 MURPHY LAKE RD SILVERWOOD, MI 48760</p> | <p>3c. Treasurer's Business Address: 455 S MAIN STREET LAPEER, MI 48446</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 checked="" type="checkbox"/> April 1 – June 30; Due: July 28th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 28th</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 ____/____/____</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></u> <u>1, 24, 2016</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>1, 24, 2016</u></p> | |

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 MICHIGAN DEPT OF STATE
 ELECTIONS/GREAT SEAL
 2016 JAN 25 AM 8:12



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>8,695.00</u> | 1b. \$ <u>8,695.00</u> |
| 2. In-Kind Contributions | 2a. \$ _____ | 2b. \$ _____ |
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| 4. Itemized Expenditures | 4a. \$ <u>8,695.00</u> | |
| 5. Unitemized Expenditures (less than \$50.01 each - no Schedule) | 5a. \$ _____ | |
| 6. TOTAL EXPENDITURES | 6a. \$ <u>8,695.00</u> | 6b. \$ <u>8,695.00</u> |
| BALANCE STATEMENT | | |
| 7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | 7. \$ <u>0.00</u> | |
| 8. Amount received during reporting period (Item 1a.) | 8. \$ <u>8,695.00</u> | |
| 9. SUBTOTAL Add lines 7 and 8 | 9. \$ <u>8,695.00</u> | |
| 10. Amount expended during reporting period (Item 6a.) | 10. \$ <u>8,695.00</u> | |
| 11. ENDING BALANCE (Subtract line 10 from line 9) | 11. \$ <u>0.00</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: TODD A COURSER LDF | | |
|--|--|--|----------------------------------|--------------------|
| Enter contributor's name and address. | | 5. Amount | 6. Amount (In-Kind) | 7. Cumulative |
| 2. Name and Address: <u>TODD COURSER</u> <u>455 S MAIN STREET</u> <u>LAPEER, MI 48446</u> 3. Date of Receipt: <u>10/26/2015</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>ATTNY</u> Employer: <u>TODD COURSER PLLC</u> Place of Business: <u>455 S MAIN STREET</u> | | \$ <u>6,000.00</u> | \$ _____ | \$ <u>8,000.00</u> |
| 2. Name and Address: <u>TODD COURSER</u> <u>455 S MAIN STREET</u> <u>LAPEER, MI 48446</u> 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: <u>ATTNY</u> Employer: <u>TODD COURSER PLLC</u> Place of Business: <u>455 S MAIN STREET</u> | | \$ <u>2,695.00</u> | \$ _____ | \$ <u>8,695.00</u> |
| 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 <u>1</u> of <u>1</u> | | 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: TODD COURSER LDF | | |
|---|------------|---|--|--|
| 2. Name and address of person or vendor paid | 3. Purpose | 4. Date | 5. Amount | |
| DAN RANDAZZO 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309 | ATTNY | | \$ 2,695.00 | |
| DARETH WILSON 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309 | ATTNY | 10/26/2015 | \$ 6,000.00 | |
| | | | \$ _____ | |
| | | | \$ _____ | |
| | | | \$ _____ | |
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| | | | \$ _____ | |
| | | | \$ _____ | |
| | | | \$ _____ | |
| | | | \$ _____ | |
| | | | \$ _____ | |
| | | | \$ _____ | |
| | | | Page Subtotal | |
| | | | Grand Total | |
| | | | (Complete on last page of Schedule) \$ 8,695.00 | |
| Page 1 of 1 | | | Forward to #3 Summary Page | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

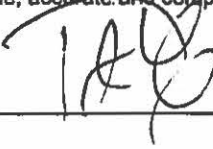
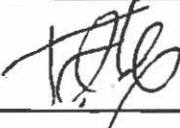
RECEIVED/FILED
MICHIGAN DEPT OF STATE

2016 JAN 26 AM 8:28

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: _____</p> <p>1b. Legal Defense Fund Name: TODD COURSER LDF</p> <p>1c. Legal Defense Fund Address: 455 S MAIN STREET LAPEER, MI 48446</p> <p>1d. Legal Defense Fund Phone: <u>810-245-0813</u></p> | <p>2a. Official's Full Name: TODD A COURSER</p> <p>2b. Official's Office: STATE REPRESENTATIVE</p> |
| <p>3a. Treasurer's Full Name: TODD A COURSER</p> <p>3b. Treasurer's Residential Address: 3110 MURPHY LAKE RD SILVERWOOD, MI 48760</p> | <p>3c. Treasurer's Business Address: 455 S MAIN STREET LAPEER, MI 48446</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 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 ____/____/____</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></u> <u>1, 24, 2016</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>1, 24, 2016</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>8,695.00</u> | 1b. \$ <u>8,695.00</u> |
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| 4. Itemized Expenditures | 4a. \$ <u>8,695.00</u> | |
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| 7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | 7. \$ <u>0.00</u> | |
| 8. Amount received during reporting period (Item 1a.) | 8. \$ <u>8,695.00</u> | |
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| 10. Amount expended during reporting period (Item 6a.) | 10. \$ <u>8,695.00</u> | |
| 11. ENDING BALANCE (Subtract line 10 from line 9) | 11. \$ <u>0.00</u> | |

* The ending balance must always be a positive number.



| | |
|---|--|
| <p align="center">ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND</p> | <p>1. Legal Defense Fund I.D. Number and Name: TODD A COURSER LDF</p> |
|---|--|

| Enter contributor's name and address. | 5. Amount | 6. Amount (In-Kind) | 7. Cumulative |
|--|----------------------------|----------------------------|--------------------|
| <p>2. Name and Address: 3. Date of Receipt: <u>10/26/2015</u> TODD COURSER 455 S MAIN STREET LAPEER, MI 48446</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>ATTNY</u> Employer: <u>TODD COURSER PLLC</u> Place of Business: <u>455 S MAIN STREET</u></p> | \$ <u>6,000.00</u> | \$ _____ | \$ <u>6,000.00</u> |
| <p>2. Name and Address: 3. Date of Receipt: _____ TODD COURSER 455 S MAIN STREET LAPEER, MI 48446</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>ATTNY</u> Employer: <u>TODD COURSER PLLC</u> Place of Business: <u>455 S MAIN STREET</u></p> | \$ <u>2,695.00</u> | \$ _____ | \$ <u>8,695.00</u> |
| <p>2. Name and Address: 3. Date of Receipt: _____</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____</p> | \$ _____ | \$ _____ | \$ _____ |
| <p>2. Name and Address: 3. Date of Receipt: _____</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____</p> | \$ _____ | \$ _____ | \$ _____ |
| <p>2. Name and Address: 3. Date of Receipt: _____</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____</p> | \$ _____ | \$ _____ | \$ _____ |
| <p>2. Name and Address: 3. Date of Receipt: _____</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____</p> | \$ _____ | \$ _____ | \$ _____ |
| Page Subtotal: | \$ _____ | \$ _____ | \$ _____ |
| Grand Total: (Complete on last page of Schedule) | \$ _____ | \$ _____ | \$ _____ |
| Page <u>1</u> of <u>1</u> | 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: TODD COURSER LDF | |
|---|-------------------|---|-------------------------------|
| 2. Name and address of person or vendor paid | 3. Purpose | 4. Date | 5. Amount |
| DAN RANDAZZO 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309 | ATTNY | _____ | \$ <u>2,695.00</u> |
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| | | _____ | \$ _____ |
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| Grand Total (Complete on last page of Schedule) | | | \$ <u>8,695.00</u> |
| Page <u>1</u> of <u>1</u> | | | Forward to #3 Summary Page |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
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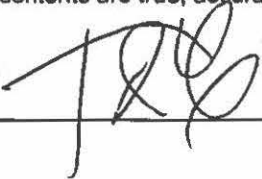

RECEIVED/FILED
MICHIGAN DEPT OF STATE

2015 NOV -9 AM 11: 37

ELECTIONS/GREAT SEAL

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| | |
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

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| 2. In-Kind Contributions | 2a. \$ _____ | 2b. \$ _____ |
| 3. TOTAL CONTRIBUTIONS | 3a. \$ <u>8,695.00</u> | 3b. \$ <u>8,695.00</u> |
| 4. Itemized Expenditures | 4a. \$ <u>8,695.00</u> | |
| 5. Unitemized Expenditures (less than \$50.01 each - no Schedule) | 5a. \$ _____ | |
| 6. TOTAL EXPENDITURES | 6a. \$ <u>8,695.00</u> | 6b. \$ <u>8,695.00</u> |

BALANCE STATEMENT

| | |
|--|------------------------|
| 7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | 7. \$ <u>0.00</u> |
| 8. Amount received during reporting period (Item 1a.) | 8. \$ <u>8,695.00</u> |
| 9. SUBTOTAL Add lines 7 and 8 | 9. \$ <u>8,695.00</u> |
| 10. Amount expended during reporting period (Item 6a.) | 10. \$ <u>8,695.00</u> |
| 11. ENDING BALANCE (Subtract line 10 from line 9) | 11. \$ <u>0.00</u> * |

* The ending balance must always be a positive number.



| | |
|---|--|
| <p align="center">ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND</p> | <p>1. Legal Defense Fund I.D. Number and Name: TODD A COURSER LDF</p> |
|---|--|

| Enter contributor's name and address. | 5. Amount | 6. Amount (In-Kind) | 7. Cumulative |
|--|----------------------------|----------------------------|--------------------|
| <p>2. Name and Address: 3. Date of Receipt: <u>10/26/2015</u> TODD COURSER 455 S MAIN STREET LAPEER, MI 48446</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>ATTNY</u> Employer: <u>TODD COURSER PLLC</u> Place of Business: <u>455 S MAIN STREET</u></p> | \$ <u>6,000.00</u> | \$ _____ | \$ <u>6,000.00</u> |
| <p>2. Name and Address: 3. Date of Receipt: _____ TODD COURSER 455 S MAIN STREET LAPEER, MI 48446</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>ATTNY</u> Employer: <u>TODD COURSER PLLC</u> Place of Business: <u>455 S MAIN STREET</u></p> | \$ <u>2,695.00</u> | \$ _____ | \$ <u>8,695.00</u> |
| <p>2. Name and Address: 3. Date of Receipt: _____</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____</p> | \$ _____ | \$ _____ | \$ _____ |
| <p>2. Name and Address: 3. Date of Receipt: _____</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____</p> | \$ _____ | \$ _____ | \$ _____ |
| <p>2. Name and Address: 3. Date of Receipt: _____</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____</p> | \$ _____ | \$ _____ | \$ _____ |
| <p>2. Name and Address: 3. Date of Receipt: _____</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____</p> | \$ _____ | \$ _____ | \$ _____ |
| <p>Page Subtotal:</p> | \$ _____ | \$ _____ | \$ _____ |
| <p>Grand Total: (Complete on last page of Schedule)</p> | \$ _____ | \$ _____ | \$ _____ |
| <p>Page <u>1</u> of <u>1</u></p> | 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: TODD COURSER LDF | | |
|---|---|----------------|---------------------------------------|
| 2. Name and address of person or vendor paid | 3. Purpose | 4. Date | 5. Amount |
| DAN RANDAZZO 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309 | ATTNY | | \$ <u>2,695.00</u> |
| DARETH WILSON 2731 S ADAMS RD STE 100 ROCHESTER HILLS, MI 48309 | ATTNY | 10/26/2015 | \$ <u>6,000.00</u> |
| | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |
| Page Subtotal | | | \$ _____ |
| Grand Total (Complete on last page of Schedule) | | | \$ <u>8,695.00</u> |
| Page 1 of 1 | | | Forward to #3 Summary Page |



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: 007

2. Type of Filing: Original Filing Amendment: Items: _____ Eff. Date: 11/05/15

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

TODD COURSER LDF

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

COURSER, TODD, A

5a. Office (Check one):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Governor | <input type="checkbox"/> State Senator | <input type="checkbox"/> MSU Trustee | <input type="checkbox"/> Circuit Court |
| <input type="checkbox"/> Lt. Governor | <input checked="" type="checkbox"/> State Rep. | <input type="checkbox"/> WSU Gov. | <input type="checkbox"/> District Court |
| <input type="checkbox"/> Sec. of State | <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> UofM Reg. | <input type="checkbox"/> Appeals Court | <input type="checkbox"/> Municipal Court |

Local or other jurisdiction

5b. District/Circuit # or Jurisdiction: 82

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

LEGAL DEFENSE

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2015 NOV - 9 AM 11: 27
ELECTIONS/GREAT SEAL

7. Date of Initial Contribution/Expenditure: 10 / 26 / 2015

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

455 S MAIN STREET
LAPEER, MI 48446

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

455 S MAIN STREET
LAPEER, MI 48446

8c. Legal Defense Fund Phone #: 810-245-0813

8d. Legal Defense Fund Fax #: 810-245-0907

8e. Legal Defense Fund E-mail Address: frontdesk@hotmail.com

8f. Legal Defense Fund Web Address: _____

9a. Treasurer Name and Complete Street Address:

TODD COURSER
455 S MAIN STREET
LAPEER, MI 48446

9b. Treasurer Phone #: 810-245-0813

9c. Treasurer E-mail Address: _____

10. Designated Recordkeeper Name:

GEORGEANN COURSER

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

CHASE BANK
1643 N LAPEER
LAPEER MI 48446

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: 11/5/15

Current Treasurer Signature: _____ Date: 11/5/15