



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov 4/23/2024

**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>013</u> <i>John J. Gleason Legal Defense Fund</i></p> <p>1b. Legal Defense Fund Name: <i>John J. Gleason Legal Defense Fund</i></p> <p>1c. Legal Defense Fund Address: <i>604 Leland St Flushing, MI 48433</i></p> <p>1d. Legal Defense Fund Phone: <i>8109641973</i></p>	<p>2a. Official's Full Name: <i>John J. Gleason</i></p> <p>2b. Official's Office: <i>Genesee County Clerk</i></p>
<p>3a. Treasurer's Full Name:</p> <p>3b. Treasurer's Residential Address: <i>SELF</i></p>	<p>3c. Treasurer's Business Address: <i>604 Leland St. Flushing, MI 48433</i></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>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: <i>John J. Gleason</i> <u>4/23/24</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <i>Self</i> <u>4/23/24</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>0</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>0</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0</u>	3b. \$ <u>0</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>17,121.50</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>17,121.50</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>17,121.50</u> *

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Fax 517-241-4785
Due 1-25-24

**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>013</u></p> <p>1b. Legal Defense Fund Name: <u>John J. Gleason Legal Defense Fund</u></p> <p>1c. Legal Defense Fund Address: <u>604 Leland St Flushing, Mi 48433</u></p> <p>1d. Legal Defense Fund Phone: <u>8109641973</u></p>	<p>2a. Official's Full Name: <u>John J. Gleason</u></p> <p>2b. Official's Office: <u>Genesee County Clerk</u></p>
<p>3a. Treasurer's Full Name:</p> <p>3b. Treasurer's Residential Address: <u>Self</u></p>	<p>3c. Treasurer's Business Address: <u>604 Leland St Flushing, Mi 48433</u></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>John J. Gleason</u> <u>1/22/24</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Self</u> <u>1/1/</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>0</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>0</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0</u>	3b. \$ <u>0</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>17,121.50</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>17,121.50</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>17,121.50</u> *

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

received via disclosure@michigan.gov
10/23/2023

LEGAL DEFENSE FUND
COVER PAGE

Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

Due
Oct 25, 2023
FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>013</u></p> <p>1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48663</p> <p>1d. Legal Defense Fund Phone: <u>(810) 964-1956</u></p>	<p>2a. Official's Full Name: John J. Gleason</p> <p>2b. Official's Office: Genessee County Clerk</p>
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Self

604 Leland St.
Flushing, MI 48633

810 964-1973

<p>4a. Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 26th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 26th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 26th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 26th</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 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>
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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: John J. Gleason 9/25/23

Treasurer's/Designated Record Keeper's Signature and Date: Self 9/25/23



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

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>0</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>0</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0</u>	3b. \$ <u>0</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>17,121.50</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>17,121.50</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>17,121.50</u>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

received via disclosure@michigan.gov
7/19/2023

**LEGAL DEFENSE FUND
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FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>013</u></p> <p>1b. Legal Defense Fund Name: <u>John J. Gleason Defense Fund</u></p> <p>1c. Legal Defense Fund Address: <u>604 Leland St</u> <u>Flushing, Mi</u> <u>48433</u></p> <p>1d. Legal Defense Fund Phone: <u>810964-1973</u></p>	<p>2a. Official's Full Name: <u>John J. Gleason</u></p> <p>2b. Official's Office: <u>Genesee County Clerk</u></p>
<p>3a. Treasurer's Full Name: <u>John J. Gleason</u></p> <p>3b. Treasurer's Residential Address: <u>604 Leland St</u> <u>Flushing, Mi</u> <u>48433</u></p>	<p>3c. Treasurer's Business Address: <u>604 Leland St</u> <u>Flushing, Mi</u> <u>48433</u></p> <p>3d. Treasurer's Phone Number(s): <u>810964-1973</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>_____ / _____ / _____</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>John J. Gleason</u> <u>7/19/23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Self</u> <u>7/19/23</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

LEGAL DEFENSE FUND
SUMMARY PAGE

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Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>0.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>0.00</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>0.00</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>17,121.50</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>17,121.50</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>17,121.50</u>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
04/25/2023

**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>013</u></p> <p>1b. Legal Defense Fund Name John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone <u>(810) 964-1973</u></p>	<p>2a. Official's Full Name John J. Gleason</p> <p>2b. Official's Office Genessee County Clerk</p>
<p>3a. Treasurer's Full Name. John J. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address. 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s) <u>(810) 964-1973</u></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>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>John J. Gleason</i></u> <u>4/25/23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date <u><i>Self</i></u> <u>4/25/23</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>0.00</u>	1b \$ <u>0.00</u>
2 In-Kind Contributions	2a \$ <u>0.00</u>	2b \$ <u>0.00</u>
3 TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b \$ <u>0.00</u>
4. Itemized Expenditures	4a \$ <u>3,408.50</u>	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	5a \$ <u>0.00</u>	
6 TOTAL EXPENDITURES	6a. \$ <u>3,408.50</u>	6b \$ <u>3,408.50</u>

BALANCE STATEMENT

7 Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7 \$ <u>20,530.00</u>
8 Amount received during reporting period (Item 1a)	8 \$ <u>0.00</u>
9 SUBTOTAL Add lines 7 and 8	9 \$ <u>20,530.00</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>3,408.50</u>
11 ENDING BALANCE (Subtract line 10 from line 9)	11 \$ <u>17,121.50</u> *

* The ending balance must always be a positive number



**MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**

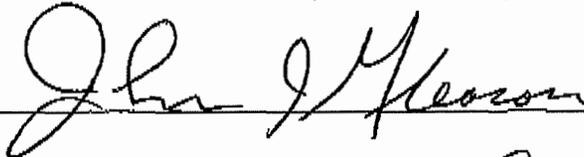
ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name. 013 - John J. Gleason Legal Defense Fund	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Clark Hill PLC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226	Legal fees	01/11/2023	\$ <u>2,553.50</u>
67th District Court 630 S. Saginaw Street Flint, MI 48502	Court fees & fines	01/11/2023	\$ <u>855.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ <u>3,408.50</u>
Grand Total (Complete on last page of Schedule)			\$ <u>3,408.50</u>
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page



**LEGAL DEFENSE FUND
COVER PAGE**

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<p>1a Legal Defense Fund ID Number: <u>013</u></p> <p>1b Legal Defense Fund Name: John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address 604 Leland Street Flushing, MI 48633</p> <p>1d Legal Defense Fund Phone <u>(810) 964-1973</u></p>	<p>2a. Official's Full Name: John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name: John J. Gleason</p> <p>3b Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c Treasurer's Business Address 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s) <u>(810) 964-1973</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 checked="" 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>
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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>1,300.00</u>	1b \$ <u>52,050.00</u>
2 In-Kind Contributions	2a. \$ <u>0.00</u>	2b \$ <u>2,177.00</u>
3. TOTAL CONTRIBUTIONS	3a \$ <u>1,300.00</u>	3b. \$ <u>54,227.00</u>
4. Itemized Expenditures	4a \$ <u>12,245.00</u>	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	5a \$ <u>0.00</u>	
6 TOTAL EXPENDITURES	6a \$ <u>12,245.00</u>	6b. \$ <u>34,696.00</u>

BALANCE STATEMENT

7 Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7 \$ <u>31,475.00</u>
8 Amount received during reporting period (Item 1a)	8 \$ <u>1,300.00</u>
9. SUBTOTAL Add lines 7 and 8	9 \$ <u>32,775.00</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>12,245.00</u>
11 ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>20,530.00</u> *

* The ending balance must always be a positive number.



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1 Legal Defense Fund I.D Number and Name: John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Joseph R. Karlíchek</u> <u>221 Oakwood</u> <u>Flushing, MI 48433</u> 3. Date of Receipt: <u>10/21/2022</u> 4. If over \$100.00 cumulative, please provide Occupation: <u>Politician</u> Employer: _____ Place of Business: <u>Flushing</u>		\$ <u>1,300.00</u>	\$ _____	\$ <u>1,300.00</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: _____		\$ _____	\$ _____	\$ _____
2. Name and Address. _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>1,300.00</u>	\$ _____	\$ <u>1,300.00</u>
Grand Total (Complete on last page of Schedule)		\$ <u>1,300.00</u>	\$ _____	\$ <u>1,300.00</u>
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

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03/22/2023

**LEGAL DEFENSE FUND
COVER PAGE**

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<p>3a. Treasurer's Full Name. John J. Gleason</p> <p>3b. Treasurer's Residential Address 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s): <u>(810) 964-1973</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 checked="" 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>

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: *John J. Gleason* 3/21/23

Treasurer's/Designated Record Keeper's Signature and Date: *Self* 3/21/23



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>37,750.00</u>	1b \$ <u>50,750.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b \$ <u>2,177.00</u>
3 TOTAL CONTRIBUTIONS	3a \$ <u>37,750.00</u>	3b. \$ <u>52,927.00</u>
4. Itemized Expenditures	4a \$ <u>17,775.00</u>	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	5a \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>17,775.00</u>	6b \$ <u>22,452.00</u>

BALANCE STATEMENT

7 Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7 \$ <u>11,500.00</u>
8 Amount received during reporting period (Item 1a)	8 \$ <u>37,750.00</u>
9 SUBTOTAL Add lines 7 and 8	9. \$ <u>49,250.00</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>17,775.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11 \$ <u>31,475.00</u> *

* The ending balance must always be a positive number.



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I D. Number and Name John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address William D. Bain P.O. Box 70 Flushing, MI 48433 3. Date of Receipt: <u>07/01/2022</u> 4. If over \$100 00 cumulative, please provide Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>250.00</u>	\$ _____	\$ <u>250.00</u>
2 Name and Address: Martin Corcoran 622 Bloomfield Ct, Apt 102 Birmingham, MI 48009 3. Date of Receipt: <u>07/01/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Builder</u> Employer: <u>Self-Employed</u> Place of Business: <u>Mt. Morris</u>		\$ <u>1,300.00</u>	\$ _____	\$ <u>1,300.00</u>
2. Name and Address: Michael J. Joubran 2259 Ridgemoor Ct Burton, MI 48509 3. Date of Receipt: <u>07/01/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Business Owner</u> Employer: <u>Self-Employed</u> Place of Business: <u>Flint</u>		\$ <u>8,000.00</u>	\$ _____	\$ <u>8,000.00</u>
2 Name and Address. Goyette Mechanical 3842 Gorey Avenue - P.O. Box 33 Flint, MI 48501 3 Date of Receipt: <u>07/01/2022</u> 4 If over \$100 00 cumulative, please provide Occupation: _____ Employer: _____ Place of Business _____		\$ <u>10,000.00</u>	\$ _____	\$ <u>10,000.00</u>
2. Name and Address: Huckleberry Junction 7441 N Genesee Rd Genesee, MI 48437 3. Date of Receipt: <u>07/01/2022</u> 4. If over \$100.00 cumulative, please provide. Occupation. _____ Employer: _____ Place of Business. _____		\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</u>
2. Name and Address. Atram Inc G-2525 E Mt. Morris Rd Mt. Morris, MI 48458 3. Date of Receipt <u>07/01/2022</u> 4 If over \$100 00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>4,000.00</u>	\$ _____	\$ <u>4,000.00</u>
Page Subtotal:		\$ <u>24,550.00</u>	\$ _____	\$ <u>24,550.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>1</u> of <u>4</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D Number and Name John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Durga Property Holdings, Inc.</u> <u>11320 Chester Rd</u> <u>Cincinnati, OH 45246</u> 3. Date of Receipt: <u>07/01/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation _____ Employer: _____ Place of Business: _____	\$ <u>500.00</u>	\$ _____	\$ <u>1,000.00</u>
2. Name and Address: <u>Philip J. Hart</u> <u>2189 E Frances Rd</u> <u>Clio, MI 48420</u> 3. Date of Receipt: <u>07/01/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Police Chief</u> Employer: <u>Genesee Twp</u> Place of Business: <u>Mt. Morris</u>	\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</u>
2. Name and Address: <u>Mary C. Caswell</u> <u>P.O. Box 34</u> <u>Highland, MI 48357</u> 3. Date of Receipt: <u>07/01/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Real Estate</u> Employer: <u>Self-Employed</u> Place of Business: <u>Highland</u>	\$ <u>250.00</u>	\$ _____	\$ <u>250.00</u>
2. Name and Address: <u>Robert B. Brooks</u> <u>5103 W. Dodge Rd</u> <u>Clio, MI 48420</u> 3. Date of Receipt: <u>07/01/2022</u> 4. If over \$100.00 cumulative, please provide. Occupation: <u>Retired</u> Employer: _____ Place of Business: _____	\$ <u>700.00</u>	\$ _____	\$ <u>700.00</u>
2. Name and Address: <u>Durga Property Holdings, Inc.</u> <u>11320 Chester Road</u> <u>Cincinnati, OH 45246</u> 3. Date of Receipt: <u>07/29/2022</u> 4. If over \$100.00 cumulative, please provide. Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>500.00</u>	\$ _____	\$ <u>1,500.00</u>
2. Name and Address: <u>Andrew D. Suski</u> <u>2284 Western Meadows Dr</u> <u>Flushing, MI 48433</u> 3. Date of Receipt: <u>07/29/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Car Dealer</u> Employer: <u>Self-Employed</u> Place of Business: <u>Birch Run</u>	\$ <u>500.00</u>	\$ _____	\$ <u>500.00</u>
Page Subtotal:	\$ <u>3,450.00</u>	\$ _____	\$ <u>4,950.00</u>
Grand Total: (Complete on last page of Schedule)	\$ _____	\$ _____	\$ _____
Page <u>2</u> of <u>4</u>	Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address. 3. Date of Receipt: <u>07/29/2022</u> Gregory H Childers 7438 Timberlea Ct Flint, MI 48532 4. If over \$100.00 cumulative, please provide Occupation: <u>Builder</u> Employer: <u>Self-Employed</u> Place of Business: <u>Flint</u>		\$ <u>500.00</u>	\$ _____	\$ <u>500.00</u>
2. Name and Address. 3. Date of Receipt: <u>08/19/2022</u> Henry Tannenbaum 521 West Court Street Flint, MI 48503 4. If over \$100.00 cumulative, please provide: Occupation: <u>Businessman</u> Employer: <u>Self-Employed</u> Place of Business: <u>Flint</u>		\$ <u>750.00</u>	\$ _____	\$ <u>750.00</u>
2. Name and Address: 3. Date of Receipt: <u>08/19/2022</u> Genesee Landlords Association PAC 2540 S. Grand Traverse Flint, MI 48503 4. If over \$100.00 cumulative, please provide. Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>500.00</u>	\$ _____	\$ <u>500.00</u>
2. Name and Address: 3. Date of Receipt: <u>08/19/2022</u> Joseph Juhasz 609 Leland St Flushing, MI 48433 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</u>
2. Name and Address: 3. Date of Receipt: <u>09/12/2022</u> Millennium Mini Storage LLC 6246 NE Genesee Rd Flint, MI 48506 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</u>
2. Name and Address 3. Date of Receipt: <u>09/12/2022</u> Park Pointe LLC 18519 Martins Ln Strongsville, OH 44149 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>3,000.00</u>	\$ _____	\$ <u>3,000.00</u>
Page Subtotal:		\$ <u>6,750.00</u>	\$ _____	\$ <u>6,750.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>3</u> of <u>4</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Huckleberry Junction</u> <u>7441 N Genesee Rd</u> <u>Genesee, MI 48437</u> 3. Date of Receipt: <u>09/12/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation _____ Employer: _____ Place of Business: _____		\$ <u>2,000.00</u>	\$ _____	\$ <u>3,000.00</u>
2. Name and Address: <u>Michael J. Joubran</u> <u>2259 Ridgemoore Ct</u> <u>Burton, MI 48509</u> 3. Date of Receipt: <u>09/12/2022</u> 4. If over \$100.00 cumulative, please provide Occupation: <u>Business Owner</u> Employer: <u>Self-Employed</u> Place of Business: <u>Flint</u>		\$ <u>1,000.00</u>	\$ _____	\$ <u>9,000.00</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:		\$ <u>3,000.00</u>	\$ _____	\$ <u>12,000.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>37,750.00</u>	\$ _____	\$ <u>48,250.00</u>
Page <u>4</u> of <u>4</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
03/22/2023

**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>013</u></p> <p>1b. Legal Defense Fund Name John J. Gleason Legal Defense Fund</p> <p>1c Legal Defense Fund Address: 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone: <u>(810) 964-1973</u></p>	<p>2a Official's Full Name: John J. Gleason</p> <p>2b Official's Office: <u>Genesee County Clerk</u></p>
<p>3a Treasurer's Full Name, John J. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address 604 Leland Street Flushing, MI 48633</p> <p>3d Treasurer's Phone Number(s) <u>(810) 964-1973</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 checked="" 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>

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 John J. Gleason 3/21/23

Treasurer's/Designated Record Keeper's Signature and Date Self 3/21/23



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>11,500.00</u>	1b \$ <u>13,000.00</u>
2 In-Kind Contributions	2a \$ <u>2,177.00</u>	2b \$ <u>2,177.00</u>
3 TOTAL CONTRIBUTIONS	3a. \$ <u>13,677.00</u>	3b \$ <u>15,177.00</u>
4 Itemized Expenditures	4a. \$ <u>4,677.00</u>	
5 Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a \$ <u>0.00</u>	
6 TOTAL EXPENDITURES	6a. \$ <u>4,677.00</u>	6b. \$ <u>4,677.00</u>

BALANCE STATEMENT

7 Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7 \$ <u>2,500.00</u>
8 Amount received during reporting period (Item 1a)	8 \$ <u>13,677.00</u>
9. SUBTOTAL Add lines 7 and 8	9 \$ <u>16,177.00</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>4,677.00</u>
11 ENDING BALANCE (Subtract line 10 from line 9)	11 \$ <u>11,500.00</u> *

* The ending balance must always be a positive number



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>J. Perez Construction Inc</u> <u>2232 Davison Road</u> <u>Flint, MI 48506</u> 3. Date of Receipt: <u>06/02/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</u>
2. Name and Address: <u>L.A. Construction Corporation</u> <u>3543 N. Linden Road</u> <u>Flint, MI 48504</u> 3. Date of Receipt: <u>06/02/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>3,500.00</u>	\$ _____	\$ <u>3,500.00</u>
2. Name and Address: <u>J. Perez Construction Inc.</u> <u>2232 Davison Road</u> <u>Flint, MI 48506</u> 3. Date of Receipt: <u>06/02/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>5,000.00</u>	\$ _____	\$ <u>6,000.00</u>
2 Name and Address: <u>Robert L. Swartwood</u> <u>11190 N. Linden Road</u> <u>Clio, MI 48420</u> 3 Date of Receipt: <u>06/02/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-Employed</u> Place of Business: <u>Clio</u>		\$ <u>1,500.00</u>	\$ _____	\$ <u>1,500.00</u>
2. Name and Address: <u>Durga Property Holdings, Inc.</u> <u>11320 Chester Road</u> <u>Cincinnati, OH 45246</u> 3 Date of Receipt: <u>06/02/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>500.00</u>	\$ _____	\$ <u>500.00</u>
2. Name and Address <u>John J. Gleason</u> <u>604 Leland St</u> <u>Flushing, MI 48433</u> 3. Date of Receipt: <u>04/21/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Genesee County Clerk</u> Employer <u>Genesee County</u> Place of Business: <u>Flint</u>		\$ _____	\$ <u>2,177.00</u>	\$ <u>2,177.00</u>
Page Subtotal.		\$ <u>11,500.00</u>	\$ <u>2,177.00</u>	\$ <u>14,677.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>11,500.00</u>	\$ <u>2,177.00</u>	\$ <u>14,677.00</u>
Page <u>1</u> of <u>1</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



**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>013</u></p> <p>1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone: <u>(810) 964-1973</u></p>	<p>2a. Official's Full Name John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name John J. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s) <u>(810) 964-1973</u></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 checked="" 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>John J. Gleason</i></u> <u>3/21/23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>Self</i></u> <u>3/21/23</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>1,500.00</u>	1b \$ <u>1,500.00</u>
2. In-Kind Contributions	2a \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>1,500.00</u>	3b \$ <u>1,500.00</u>
4 Itemized Expenditures	4a. \$ <u>0.00</u>	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	5a \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>0.00</u>

BALANCE STATEMENT

7 Ending Balance of last report filed (Enter zero if no previous reports have been filed)	7 \$ <u>1,000.00</u>
8 Amount received during reporting period (Item 1a)	8 \$ <u>1,500.00</u>
9. SUBTOTAL Add lines 7 and 8	9 \$ <u>2,500.00</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>0.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11 \$ <u>2,500.00</u> *

* The ending balance must always be a positive number



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Store It All LLC 5466 Genesee Road Flint, MI 48506				
3. Date of Receipt: <u>02/21/2022</u>				
4. If over \$100.00 cumulative, please provide: Occupation _____ Employer: _____ Place of Business: _____		\$ <u>1,500 00</u>	\$ _____	\$ <u>1,500.00</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. _____		\$ _____	\$ _____	\$ _____
2. Name and Address:				
3. Date of Receipt: _____				
4 If over \$100 00 cumulative, please provide Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>1,500 00</u>	\$ _____	\$ <u>1,500.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>1,500 00</u>	\$ _____	\$ <u>1,500.00</u>
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

Received via disclosure@michigan.gov
03/22/2023

**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>013</u></p> <p>1b. Legal Defense Fund Name. John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone <u>(810) 964-1973</u></p>	<p>2a. Official's Full Name John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name John J. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s) <u>(810) 964-1973</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 checked="" 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>John J. Gleason</i></u> <u>3/21/23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date <u><i>Self</i></u> <u>3/21/23</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>1,000.00</u>	1b \$ <u>1,000.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b \$ <u>2,087.50</u>
3. TOTAL CONTRIBUTIONS	3a \$ <u>1,000.00</u>	3b \$ <u>0.00</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5 Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a \$ <u>0.00</u>	6b. \$ <u>2,087.50</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>1,000.00</u>
9. SUBTOTAL Add lines 7 and 8	9 \$ <u>1,000.00</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>0.00</u>
11 ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,000.00</u> *

* The ending balance must always be a positive number



ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND

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

John J. Gleason Legal Defense Fund - 013

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address. 3. Date of Receipt: <u>12/13/2021</u> Atram Inc. G-2525 E Mt. Morris Rd. Mt. Morris, MI 48458 4. If over \$100.00 cumulative, please provide. Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</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: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: 3. Date of Receipt: _____ 4 If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
Page Subtotal:	\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</u>
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

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**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>013</u></p> <p>1b. Legal Defense Fund Name John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address, 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone: <u>(810) 964-1973</u></p>	<p>2a. Official's Full Name: John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name John J. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s): <u>(810) 964-1973</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 checked="" 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>John J. Gleason</i></u> <u>3/21/23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>Self</i></u> <u>3/21/23</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>0.00</u>	1b \$ <u>0.00</u>
2. In-Kind Contributions	2a \$ <u>0.00</u>	2b \$ <u>2,087.50</u>
3 TOTAL CONTRIBUTIONS	3a \$ <u>0.00</u>	3b. \$ <u>2,087.50</u>
4. Itemized Expenditures	4a \$ <u>0.00</u>	
5 Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a \$ <u>0.00</u>	
6 TOTAL EXPENDITURES	6a \$ <u>0.00</u>	6b. \$ <u>2,087.50</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>0.00</u>
9 SUBTOTAL Add lines 7 and 8	9. \$ <u>0.00</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>0.00</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
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**LEGAL DEFENSE FUND
COVER PAGE**

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<p>1a. Legal Defense Fund I.D. Number: <u>013</u></p> <p>1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone: <u>(810) 964-1973</u></p>	<p>2a. Official's Full Name John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name. John J. Gleason</p> <p>3b. Treasurer's Residential Address 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s) <u>(810) 964-1973</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 checked="" 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>

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: John J. Gleason 3/21/23

Treasurer's/Designated Record Keeper's Signature and Date: Self 3/21/23



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>0.00</u>	1b \$ <u>0.00</u>
2 In-Kind Contributions	2a \$ <u>2,087.50</u>	2b. \$ <u>2,087.50</u>
3 TOTAL CONTRIBUTIONS	3a \$ <u>2,087.50</u>	3b. \$ <u>2,087.50</u>
4 Itemized Expenditures	4a. \$ <u>2,087.50</u>	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	5a \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>2,087.50</u>	6b. \$ <u>2,087.50</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>2,087.50</u>
9 SUBTOTAL Add lines 7 and 8	9. \$ <u>2,087.50</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>2,087.50</u>
11 ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *

* The ending balance must always be a positive number.



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I D Number and Name: John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address. <u>John J. Gleason</u> <u>604 Leland Street</u> <u>Flushing, MI 48633</u> 3. Date of Receipt. <u>11/13/2020</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Genesee County Clerk</u> Employer: <u>Genesee County</u> Place of Business: <u>Flint</u>		\$ <u> </u>	\$ <u>2,087.50</u>	\$ <u>2,087.50</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: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ _____	\$ <u>2,087.50</u>	\$ <u>2,087.50</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ <u>2,087.50</u>	\$ <u>2,087.50</u>
Page <u>1</u> of <u>1</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



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**LEGAL DEFENSE FUND
COVER PAGE**

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FOR OFFICIAL USE ONLY

<p>1a Legal Defense Fund I D Number <u>013</u></p> <p>1b Legal Defense Fund Name. John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address 604 Leland Street Flushing, MI 48633</p> <p>1d Legal Defense Fund Phone: <u>(810) 964-1973</u></p>	<p>2a Official's Full Name John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name: John J. Gleason</p> <p>3b Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s): <u>(810) 964-1973</u></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 checked="" 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>

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: John J. Gleason 3/21/23

Treasurer's/Designated Record Keeper's Signature and Date: Self 3/21/23



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>0.00</u>	1b \$ <u>0.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>0.00</u>
4. Itemized Expenditures	4a \$ <u>0.00</u>	
5 Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a \$ <u>0.00</u>	
6 TOTAL EXPENDITURES	6a \$ <u>0.00</u>	6b \$ <u>0.00</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>0.00</u>	
9 SUBTOTAL Add lines 7 and 8	9. \$ <u>0.00</u>	
10 Amount expended during reporting period (Item 6a)	10 \$ <u>0.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11 \$ <u>0.00</u> *	

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**LEGAL DEFENSE FUND
COVER PAGE**

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<p>1a. Legal Defense Fund ID Number, <u>013</u></p> <p>1b. Legal Defense Fund Name. John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone <u>(810) 964-1973</u></p>	<p>2a. Official's Full Name John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name. John J. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s) <u>(810) 964-1973</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 checked="" 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>John J. Gleason</u> <u>3/21/23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date <u>Self</u> <u>3/21/23</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>0.00</u>	1b \$ <u>0.00</u>
2 In-Kind Contributions	2a. \$ <u>2,200.00</u>	2b. \$ <u>7,177.00</u>
3 TOTAL CONTRIBUTIONS	3a. \$ <u>2,200.00</u>	3b. \$ <u>7,177.00</u>
4 Itemized Expenditures	4a. \$ <u>2,200.00</u>	
5 Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a \$ <u>2,200.00</u>	6b \$ <u>7,177.00</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>2,200.00</u>
9 SUBTOTAL Add lines 7 and 8	9. \$ <u>2,200.00</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>2,200.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *

* The ending balance must always be a positive number



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1 Legal Defense Fund I D Number and Name: John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: John J. Gleason 604 Leland Street Flushing, MI 48633 3. Date of Receipt: <u>11/13/2020</u> 4. If over \$100.00 cumulative, please provide Occupation: <u>Genesee County Clerk</u> Employer: <u>Genesee County</u> Place of Business: <u>Flint</u>		\$ _____	\$ <u>2,200.00</u>	\$ <u>7,177.00</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. _____		\$ _____	\$ _____	\$ _____
2. Name and Address. _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal.		\$ _____	\$ <u>2,200.00</u>	\$ <u>7,177.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ <u>2,200.00</u>	\$ <u>7,177.00</u>
Page <u>1</u> of <u>1</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



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LEGAL DEFENSE FUND
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<p>1a Legal Defense Fund I D Number <u>013</u></p> <p>1b. Legal Defense Fund Name John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone <u>(810) 964-1973</u></p>	<p>2a Official's Full Name: John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
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<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 checked="" 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>

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Official's Signature and Date: John J. Gleason 3/21/23

Treasurer's/Designated Record Keeper's Signature and Date: Felf 3/21/23



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>0.00</u>	1b \$ <u>0.00</u>
2 In-Kind Contributions	2a. \$ <u>4,977.00</u>	2b \$ <u>4,977.00</u>
3 TOTAL CONTRIBUTIONS	3a. \$ <u>4,977.00</u>	3b \$ <u>4,977.00</u>
4 Itemized Expenditures	4a. \$ <u>4,977.00</u>	
5 Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a \$ <u>0.00</u>	
6 TOTAL EXPENDITURES	6a \$ <u>4,977.00</u>	6b. \$ <u>4,977.00</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>4,977.00</u>
9 SUBTOTAL Add lines 7 and 8	9 \$ <u>4,977.00</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>4,977.00</u>
11 ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *

* The ending balance must always be a positive number.



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1 Legal Defense Fund I.D. Number and Name: John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>John J. Gleason</u> <u>604 Leland Street</u> <u>Flushing, MI 48633</u> 3. Date of Receipt: <u>09/10/2020</u> 4. If over \$100.00 cumulative, please provide: Occupation <u>Genesee County Clerk</u> Employer: <u>Genesee County</u> Place of Business: <u>Flint</u>		\$ _____	\$ <u>4,977.00</u>	\$ <u>4,977.00</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: _____		\$ _____	\$ _____	\$ _____
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:		\$ _____	\$ <u>4,977.00</u>	\$ <u>4,977.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ <u>4,977.00</u>	\$ <u>4,977.00</u>
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

Received via disclosure@michigan.gov
03/22/2023

**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>013</u></p> <p>1b. Legal Defense Fund Name. John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone <u>(810) 964-1973</u></p>	<p>2a. Official's Full Name John J. Gleason</p> <p>2b. Official's Office. <u>Genesee County Clerk</u></p>
<p>3a. Treasurer's Full Name. John J. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s): <u>(810) 964-1973</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 checked="" 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>

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: John J. Gleason 3/21/23

Treasurer's/Designated Record Keeper's Signature and Date: Sely 3/21/23



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>0.00</u>	1b \$ <u>0.00</u>
2. In-Kind Contributions	2a \$ <u>0.00</u>	2b \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a \$ <u>0.00</u>	3b. \$ <u>0.00</u>
4. Itemized Expenditures	4a \$ <u>0.00</u>	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	5a \$ <u>0.00</u>	
6 TOTAL EXPENDITURES	6a \$ <u>0.00</u>	6b \$ <u>0.00</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>0.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>0.00</u>
10 Amount expended during reporting period (Item 6a)	10 \$ <u>0.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11 \$ <u>0.00</u> *

* The ending balance must always be a positive number



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

1. Legal Defense Fund ID #: 013

2. Type of Filing: Original Filing Amendment: Items: 9a, 9b Eff. Date: 03/09/20

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

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

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"/> Local or Other please specify: _____ |
| <input type="checkbox"/> Lt Governor | <input 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 | |

5b. District/Circuit # or Jurisdiction: _____

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

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

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

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

8c. Legal Defense Fund Phone # _____

8d. Legal Defense Fund Fax #: _____

8e. Legal Defense Fund E-mail Address: _____

8f. Legal Defense Fund Web Address: _____

9a. Treasurer Name and Complete Street Address:

John J. Gleason
604 Leland Street
Flushing, MI 48433

9b. Treasurer Phone #: (810) 964-1973

9c. Treasurer E-mail Address: _____

10. Designated Recordkeeper Name:

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

12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Public Official Signature: John J. Gleason

3 19 123
Date

Current Treasurer Signature: John J. Gleason

3 19 123
Date



**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>013</u></p> <p>1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48663</p> <p>1d. Legal Defense Fund Phone: <u>(810) 964-1956</u></p>	<p>2a. Official's Full Name: John J. Gleason</p> <p>2b. Official's Office: <u>Genessee County Clerk</u></p>
<p>3a. Treasurer's Full Name: Karen L. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s): <u>(810) 964-1956</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 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 checked="" 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>John J. Gleason</u> <u>10, 15, 22</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Karen L. Gleason</u> <u>10, 15, 22</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

Due 10-25

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <u>013 John Gleason LDF</u>		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Henry Tannenbaum</u> <u>521 W. Court ST.</u> <u>Flint, Mi 48503</u> 3. Date of Receipt: <u>8-9-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Business man</u> Employer: <u>Self</u> Place of Business: <u>Flint</u>		\$ <u>750</u>	\$ _____	\$ <u>750</u>
2. Name and Address: <u>Genesee Landlords Assoc. PAC</u> <u>2540 S. Grand Traverse</u> <u>Flint, Mi 48503</u> 3. Date of Receipt: <u>8-9-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>500</u>	\$ _____	\$ <u>500</u>
2. Name and Address: <u>Jack Patrick</u> <u>18519 Martins Ln.</u> <u>Strongsville OH 44149</u> 3. Date of Receipt: <u>9-1-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Real Estate</u> Employer: <u>Self</u> Place of Business: <u>Strongsville Ohio</u>		\$ <u>3000.</u>	\$ _____	\$ <u>3000.0</u>
2. Name and Address: <u>Michael Jaubran</u> <u>2259 Bridgemoor Ct</u> <u>Burton, Mi 48509</u> 3. Date of Receipt: <u>5-3-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Businessman</u> Employer: <u>Self</u> Place of Business: <u>Genesee, Mi</u>		\$ <u>1000</u>	\$ _____	\$ <u>9000.00</u>
2. Name and Address: <u>Michael Jaubran</u> <u>2259 Bridgemoor Ct</u> <u>Burton, Mi 48509</u> 3. Date of Receipt: <u>5-3-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Businessman</u> Employer: <u>Self</u> Place of Business: <u>Genesee, Mi</u>		\$ <u>2000</u>	\$ _____	\$ <u>11,000</u>
2. Name and Address: <u>Michael Jaubran</u> <u>2259 Bridgemoor Ct.</u> <u>Burton, Mi 48509</u> 3. Date of Receipt: <u>5-3-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Businessman</u> Employer: <u>Self</u> Place of Business: <u>Genesee, Mi</u>		\$ <u>1000.</u>	\$ _____	\$ <u>12,000</u>
Page Subtotal:		\$ <u>8250.00</u>	\$ _____	\$ _____
Grand Total: (Complete on last page of Schedule)		\$ <u>8250.00</u>	\$ _____	\$ _____
Page _____ of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <u>013 John Gleason LDF</u>		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Andrew Suski</u> <u>2284 Western Meadow Dr</u> <u>Flushing, Mi 48433</u> 3. Date of Receipt: <u>1-29-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>CAR Dealer</u> Employer: <u>Self</u> Place of Business: <u>Birch Run Mi</u>		\$ <u>500</u>	\$ _____	\$ <u>500</u>
2. Name and Address: <u>Gregory Childers</u> <u>7438 Timberleaf Ct</u> <u>Flint, Mi 48532</u> 3. Date of Receipt: <u>1-29-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Builder</u> Employer: <u>Self</u> Place of Business: <u>Flint Mi</u>		\$ <u>500</u>	\$ _____	\$ <u>500</u>
2. Name and Address: <u>Kumar Venkappali</u> <u>3299 Bridgestone Ct</u> <u>Cincinnati, OH 45248</u> 3. Date of Receipt: <u>1-29-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Real Estate</u> Employer: <u>Self</u> Place of Business: <u>Cincinnati, OH</u>		\$ <u>500</u>	\$ _____	\$ <u>2000</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: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>1500</u>	\$ _____	\$ _____
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ <u>3000</u>
Page _____ of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>9,750.00</u>	1b. \$ <u>50,750.00</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>0</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>9,750.00</u>	3b. \$ <u>50,750.00</u>
4. Itemized Expenditures	4a. \$ <u>12,245.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>12,245.00</u>	6b. \$ <u>23,686.50</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>41,000.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>9,750.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>50,750.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>12,245.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>38,995.00</u> *

* The ending balance must always be a positive number.

~~47,164.50~~
12,245.00
23,686.50



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
07/25/2022

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>013</u></p> <p>1b. Legal Defense Fund Name: <u>John J. Gleason LDF</u></p> <p>1c. Legal Defense Fund Address: <u>604 Leland St.</u> <u>Flushing, Mi</u> <u>48433</u></p> <p>1d. Legal Defense Fund Phone: <u>810964-1973</u></p>	<p>2a. Official's Full Name: <u>John J. Gleason</u></p> <p>2b. Official's Office: <u>Genesee County Clerk/Registrar</u></p>
<p>3a. Treasurer's Full Name: <u>KAREN L. Gleason</u></p> <p>3b. Treasurer's Residential Address: <u>604 Leland St</u> <u>Flushing, Mi</u> <u>48433</u></p>	<p>3c. Treasurer's Business Address:</p> <p>3d. Treasurer's Phone Number(s): <u>8109641956</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>

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: John J. Gleason 7, 18, 22

Treasurer's/Designated Record Keeper's Signature and Date: Karen L. Gleason 7, 18, 22



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:		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Kumar Vemulapalli</u> <u>3299 Bridgestone Ct</u> <u>Cincinnati, OH 45248</u> 3. Date of Receipt: <u>6-2</u>		\$ <u>500</u>	\$ _____	\$ <u>500</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Real Estate</u> Employer: <u>Self</u> Place of Business: <u>Cincinnati, OH</u>				
2. Name and Address: <u>Josemarie Perez</u> <u>83 S. Basset Rd.</u> <u>Lapeer, Mi 48446</u> 3. Date of Receipt: <u>6-2</u>		\$ <u>5000</u>	\$ _____	\$ <u>5000</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Builder</u> Employer: <u>Self</u> Place of Business: <u>Flint, Mi</u>				
2. Name and Address: <u>Jenoveva Perez</u> <u>83 S. Basset Rd.</u> <u>Lapeer, Mi 48446</u> 3. Date of Receipt: _____		\$ <u>1000</u>	\$ _____	\$ <u>1000</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Book Keeper</u> Employer: <u>Self</u> Place of Business: <u>Flint, Mi</u>				
2. Name and Address: <u>HARRY Adkios.</u> <u>5621 Sandy Ln</u> <u>Columbiana Village, Mi</u> <u>48421</u> 3. Date of Receipt: <u>6-2</u>		\$ <u>3500</u>	\$ _____	\$ <u>3500</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Construction</u> Employer: <u>Self</u> Place of Business: <u>Flint, Mi</u>				
2. Name and Address: <u>Robert Swartwood</u> <u>1190 N Linden Rd</u> <u>Clio, Mi 48420</u> 3. Date of Receipt: _____		\$ <u>1500</u>	\$ _____	\$ <u>1500</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Self</u> Place of Business: <u>Clio, Mi</u>				
2. Name and Address: <u>Kumar Vemulapalli</u> <u>3299 Bridgestone Ct.</u> <u>Cincinnati, OH 45248</u> 3. Date of Receipt: <u>6-7-22</u>		\$ <u>500</u>	\$ _____	\$ <u>1000</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Real Estate</u> Employer: <u>Self</u> Place of Business: <u>Cincinnati, OH</u>				
Page Subtotal:		\$ <u>7000</u>	\$ _____	\$ <u>7500</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page _____ of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name:		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>William Bain</u> <u>8101 Coldwater Rd</u> <u>Floshing, MI 48433</u> 3. Date of Receipt: <u>6-1</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>250</u>	\$ _____	\$ <u>250</u>
2. Name and Address: <u>MARTIN Corcoran</u> <u>622 Bloomfield Ct Apt 102</u> <u>Birmingham, MI 48009</u> 3. Date of Receipt: <u>6-23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Builder</u> Employer: <u>Self</u> Place of Business: <u>MT MORRIS</u>		\$ <u>1300</u>	\$ _____	\$ <u>1300</u>
2. Name and Address: <u>Mike Jabran</u> <u>2259 Ridgemoor Ct</u> <u>Burton, MI 48509</u> 3. Date of Receipt: <u>6-12</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Businessman</u> Employer: <u>Self</u> Place of Business: <u>Flint, MI</u>		\$ <u>8000</u>	\$ _____	\$ <u>8000</u>
2. Name and Address: <u>ART Abucita</u> <u>10087 Royal Rd</u> <u>Clia, MI 48420</u> 3. Date of Receipt: <u>6-17</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Business owner</u> Employer: <u>Self</u> Place of Business: <u>MT MORRIS.</u>		\$ <u>4000</u>	\$ _____	\$ <u>4000</u>
2. Name and Address: <u>Don Goyette</u> <u>13121 Log Cabin Pt.</u> <u>Fenton, MI 48430</u> 3. Date of Receipt: <u>6-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Business owner</u> Employer: <u>Self</u> Place of Business: <u>Flint MI</u>		\$ <u>10000</u>	\$ _____	\$ <u>10000</u>
2. Name and Address: <u>Mike & Teresa Jabran</u> <u>2259 Ridgemoor Ct.</u> <u>Burton, MI 48509</u> 3. Date of Receipt: <u>6-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Business owner</u> Employer: <u>Self</u> Place of Business: <u>Flint</u>		\$ <u>1000</u>	\$ _____	\$ <u>1000</u>
Page Subtotal:		\$ <u>16550</u>	\$ _____	\$ <u>16550</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>24550</u>	\$ _____	\$ <u>24550</u>
Page _____ of _____		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:		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Kumar Venulapalli</u> <u>3299 Bridgestone Ct</u> <u>Cincinnati, OH</u> <u>45248</u>		3. Date of Receipt: <u>6-7</u>		
4. If over \$100.00 cumulative, please provide: Occupation: <u>Real Estate</u> Employer: <u>Self</u> Place of Business: <u>Cincinnati, OH</u>		\$ <u>500</u>	\$ _____	\$ <u>500</u>
2. Name and Address: <u>Philip Hart</u> <u>2189 E Frances Rd</u> <u>Clio, MI 48820</u>		3. Date of Receipt: <u>6-24</u>		
4. If over \$100.00 cumulative, please provide: Occupation: <u>Police Chief</u> Employer: <u>Gentree Twp</u> Place of Business: <u>Mr Morris</u>		\$ <u>1000</u>	\$ _____	\$ <u>1000</u>
2. Name and Address: <u>MARY Caswell</u> <u>P.O. Box 34</u> <u>Highland, MI</u> <u>48357</u>		3. Date of Receipt: <u>6-22</u>		
4. If over \$100.00 cumulative, please provide: Occupation: <u>Real Estate</u> Employer: <u>Self</u> Place of Business: <u>Highland MI</u>		\$ <u>250</u>	\$ _____	\$ <u>250</u>
2. Name and Address: <u>Robert Brooks</u> <u>5103 W. Dodge Rd</u> <u>Clio, MI 48820</u>		3. Date of Receipt: _____		
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired Police</u> Employer: _____ Place of Business: _____		\$ <u>700</u>	\$ _____	\$ <u>700</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: _____				
Page Subtotal:		\$ <u>2450</u>	\$ _____	\$ <u>3450</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>39500</u>	\$ _____	\$ <u>39500</u>
Page _____ of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>39,500</u>	1b. \$ <u>41,000</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>0</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>39,500</u>	3b. \$ 39,500
4. Itemized Expenditures	4a. \$ <u>11,441.50</u> 0	41,000 <u>11,441.50</u>
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0</u>	<u>11,441.50</u>
6. TOTAL EXPENDITURES	6a. \$ <u>11,441.50</u> 0	6b. \$ 11,441.50 <u>0</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1500.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>39,500</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>41,000</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>41,000</u> *

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
04/25/2022

**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>013</u></p> <p>1b. Legal Defense Fund Name: <u>John J. Gleason Legal Defense Fund</u></p> <p>1c. Legal Defense Fund Address: <u>604 Leland St. Flushing, Mi 48433</u></p> <p>1d. Legal Defense Fund Phone: <u>8109641956</u></p>	<p>2a. Official's Full Name: <u>John J Gleason</u></p> <p>2b. Official's Office: <u>Genesee County Clerk</u></p>
<p>3a. Treasurer's Full Name: <u>KAREN L. Gleason</u></p> <p>3b. Treasurer's Residential Address: <u>604 Leland St Flushing, Mi 48433</u></p>	<p>3c. Treasurer's Business Address: <u>604 Leland St Flushing, Mi 48433</u></p> <p>3d. Treasurer's Phone Number(s): <u>8109641956</u></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>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>John J Gleason</u> <u>4/22/22</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u> / / </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>2,177.3677</u>	1b. \$ <u>3,677</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>3,677</u>	3b. \$ <u>3,677</u>
4. Itemized Expenditures	4a. \$ <u>2177</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>2,177</u>	6b. \$ <u>2,177</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>9,264.50</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>3,677</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>12,941.50</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>2,177</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>10,764.50</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:		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Mikael Jaubran</u> <u>2259 Ridgemoor Ct</u> <u>Burton, Mi 48509</u> 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: <u>Businessman</u> Employer: <u>Self</u> Place of Business: <u>Genesee Twp</u>		\$ <u>1,500</u>	\$ _____	\$ <u>1,500</u>
2. Name and Address: <u>John J. Gleason</u> <u>604 Leland St</u> <u>Flushing</u> 3. Date of Receipt: <u>4-21-22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Clerk</u> Employer: <u>Genesee County</u> Place of Business: <u>Genesee Co.</u>		\$ <u>2177</u>	\$ _____	\$ <u>11,441.50</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:		\$ <u>3,677</u>	\$ _____	\$ <u>12,941.50</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>3,677</u>	\$ _____	\$ <u>12,941.50</u>
Page <u>1</u> of <u>2</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
01/28/2022

**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>013</u></p> <p>1b. Legal Defense Fund Name: <u>John J Gleason Legal Defense Fund</u></p> <p>1c. Legal Defense Fund Address: <u>604 Leland St Flushing, Mi 48433</u></p> <p>1d. Legal Defense Fund Phone: <u>810964-1956</u></p>	<p>2a. Official's Full Name: <u>John J. Gleason</u></p> <p>2b. Official's Office: <u>Genesee County Clerk</u></p>
<p>3a. Treasurer's Full Name: <u>KAREN L. Gleason</u></p> <p>3b. Treasurer's Residential Address: <u>604 Leland St Flushing, Mi 48433</u></p>	<p>3c. Treasurer's Business Address: <u>604 Leland St. Flushing, Mi 48433</u></p> <p>3d. Treasurer's Phone Number(s): <u>810 964 - 1973</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 _____ / _____ / _____</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>John J. Gleason</u> <u>1, 23, 22</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Karen L. Gleason</u> <u>23, 22</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>0</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>0</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0</u>	3b. \$ <u>0</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>9,264.50</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>9,264.50</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>9,264.50</u> *	

* The ending balance must always be a positive number.

No Activity
This Period.
THANKS
HY



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>013</u></p> <p>1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48663</p> <p>1d. Legal Defense Fund Phone: <u>(810) 964-1956</u></p>	<p>2a. Official's Full Name: John J. Gleason</p> <p>2b. Official's Office: Genessee County Clerk</p>
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<p>3a. Treasurer's Full Name: Karen L. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s): <u>(810) 964-1956</u></p>
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<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 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 checked="" 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>
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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: *John J. Gleason* 10/25/21

Treasurer's/Designated Record Keeper's Signature and Date: *Karen L. Gleason* 10/25/21



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>0</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>0</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0</u>	3b. \$ <u>0</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>9,264.50</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>9,264.50</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>9,264.50</u>	
* The ending balance must always be a positive number.		

NO Activity this
Period!
THANKS



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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07/27/2021

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>013</u></p> <p>1b. Legal Defense Fund Name: <u>John J. Gleason LDF</u></p> <p>1c. Legal Defense Fund Address: <u>604 Leland St, Hushing, Mi 48433</u></p> <p>1d. Legal Defense Fund Phone: <u>810964-1973</u></p>	<p>2a. Official's Full Name: <u>John J. Gleason</u></p> <p>2b. Official's Office: <u>Genesee County Clerk/ Register</u></p>
<p>3a. Treasurer's Full Name: <u>KAREN L. Gleason</u></p> <p>3b. Treasurer's Residential Address: <u>604 Leland St Hushing Mi 48433</u></p>	<p>3c. Treasurer's Business Address:</p> <p>3d. Treasurer's Phone Number(s): <u>810964-1956</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 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><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>John J. Gleason</u> <u>7/21/21</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Karen L. Gleason</u> <u>7/21/21</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>0</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>0</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0</u>	3b. \$ <u>0</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>4,977.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>4,977.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>4,977.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>4,977.00</u> *

* The ending balance must always be a positive number.



**MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <i>013 John J. Gleason LDF</i>		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
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: _____				
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

Received via disclosure@michigan.gov
04/26/2021

**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>13</u></p> <p>1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone: <u>810-964-1956</u></p>	<p>2a. Official's Full Name: John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name: Karen L. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s): <u>810-964-1956</u></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: _____ / /</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>0.00</u>	1b. \$ <u>4,977.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>4,977.00</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>4,977.00</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>0.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>0.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *

* The ending balance must always be a positive number.



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Number and Name: John J. Gleason Legal Defense Fund -1 13		
Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
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: _____	\$ _____	\$ _____	\$ _____
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)	\$ 0.00	\$ 0.00	\$ 0.00
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

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>013</u></p> <p>1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone: <u>(810) 964-1956</u></p>	<p>2a. Official's Full Name: John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name: Karen L. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s): <u>(810) 964-1956</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 ____/____/____</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>John J. Gleason</i></u> <u>1/25/21</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>Karen L. Gleason</i></u> <u>1/25/21</u></p>	



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>013</u></p> <p>1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone: <u>(810) 964-1956</u></p>	<p>2a. Official's Full Name: John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name: Karen L. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s): <u>(810) 964-1956</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 _____/_____/_____ 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: _____ / /</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>0.00</u>	1b. \$ <u>4,977.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>4,977.00</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>4,977.00</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>0.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>0.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *	

* The ending balance must always be a positive number.



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
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: _____				
2. Name and Address: _____ 3. Date of Receipt: _____		\$ _____	\$ _____	\$ _____
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
Page Subtotal:		\$ 0.00	\$ 0.00	\$ 0.00
Grand Total: (Complete on last page of Schedule)		\$ 0.00	\$ 0.00	\$ 0.00
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

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: <u>013</u>	2a. Official's Full Name: John J. Gleason
1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund	2b. Official's Office: <u>Genesee County Clerk</u>
1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48633	
1d. Legal Defense Fund Phone: <u>(810) 964-1956</u>	
3a. Treasurer's Full Name: Karen L. Gleason	3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633
3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633	3d. Treasurer's Phone Number(s): <u>(810) 964-1956</u>
4a. Quarterly Transaction Report Covering: <input type="checkbox"/> January 1 - March 31; Due: April 28th <input type="checkbox"/> April 1 - June 30; Due: July 25th <input checked="" type="checkbox"/> July 1 - September 30; Due: October 28th <input type="checkbox"/> October 1 - December 31; Due: January 28th	5. <input type="checkbox"/> Dissolution of Legal Defense Fund: Effective Date of Dissolution ____/____/____ <small>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 Form 1041 Form 1041 Schedule 2 and the Summary Page.</small>
4b. <input type="checkbox"/> 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: <u>John J. Gleason</u> <u>10, 23, 20</u>	
Treasurer's/Designated Record Keeper's Signature and Date: <u>Karen L. Gleason</u> <u>10, 23, 20</u>	



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>013</u></p> <p>1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48633</p> <p>1d. Legal Defense Fund Phone: <u>(810) 964-1956</u></p>	<p>2a. Official's Full Name: John J. Gleason</p> <p>2b. Official's Office: Genesee County Clerk</p>
<p>3a. Treasurer's Full Name: Karen L. Gleason</p> <p>3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633</p>	<p>3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633</p> <p>3d. Treasurer's Phone Number(s): <u>(810) 964-1956</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: _____ / / _____</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>2,977.00</u>	1b. \$ <u>4,977.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>2,977.00</u>	3b. \$ <u>4,977.00</u>
4. Itemized Expenditures	4a. \$ <u>2,977.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>2,977.00</u>	6b. \$ <u>4,977.00</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>2,977.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>2,977.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>2,977.00</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: John J. Gleason Legal Defense Fund - 013		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: John J. Gleason 604 Leland Street Flushing, MI 48633 3. Date of Receipt: <u>09/10/2020</u>		\$ <u>2,977.00</u>	\$ <u>0.00</u>	\$ <u>2,977.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Genessee County Clerk</u> Employer: <u>Genessee County</u> Place of Business: <u>Flint</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:		\$ <u>2,977.00</u>	\$ <u>0.00</u>	\$ <u>2,977.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>2,977.00</u>	\$ <u>0.00</u>	\$ <u>2,977.00</u>
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

Received via disclosure@michigan.gov
07/24/2020

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>85-1086769</u></p> <p>1b. Legal Defense Fund Name: <u>John J. Gleason Legal Defense Fund.</u></p> <p>1c. Legal Defense Fund Address: <u>604 Leland St.</u> <u>Flushing, Mi.</u> <u>48433</u></p> <p>1d. Legal Defense Fund Phone: <u>810 964-1973</u></p>	<p>2a. Official's Full Name: <u>John J. Gleason</u></p> <p>2b. Official's Office: <u>General County Clerk/ Register</u></p>
<p>3a. Treasurer's Full Name: <u>KAREN L. Gleason</u></p> <p>3b. Treasurer's Residential Address: <u>604 Leland St.</u> <u>Flushing, Mi.</u> <u>48433</u></p>	<p>3c. Treasurer's Business Address: <u>SAME</u></p> <p>3d. Treasurer's Phone Number(s): <u>810 964-1956</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>John J. Gleason</u> <u>7/23/20</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Karen L. Gleason</u> <u>7/23/20</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>2000.00</u>	1b. \$ <u>2000.00</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>2000.00</u>	3b. \$ <u>2000.00</u>
4. Itemized Expenditures	4a. \$ <u>2000.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>2000.00</u>	6b. \$ <u>2000.00</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>2000.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>2000.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>2000.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0</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>85-1086769</u>
---------------------------------------------------------------------	------------------------------------------------------------------

Enter contributor's name and address.

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>John J. Gleason</u> <u>604 - Leland St</u> <u>Flushing, Mi 48433</u> 3. Date of Receipt: <u>5-21-20</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Clerk/Rep</u> Employer: <u>Genesee County</u> Place of Business: <u>Flint, Mi</u>	\$2000.	<u>\$2000</u>	<u>\$2000.</u>

2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
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2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
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2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
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2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
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2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
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Page Subtotal:	\$ _____	\$ _____	\$ _____
Grand Total: (Complete on last page of Schedule)	\$ 2000	\$ <u>2000</u>	\$ <u>2000</u>

Page <u>1</u> of <u>1</u>	Forward to #1 Summary Page	Forward to #2 Summary Page	
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CLARK HILL

Christopher M. Trebilcock
T 313.965.8575
F 313.309.6910
Email: ctrebilcock@ClarkHill.com

Clark Hill
500 Woodward Avenue
Suite 3500
Detroit, MI 48226
T 313.965.8300
F 313.965.8252

clarkhill.com

May 19, 2020

BY EMAIL AND U.S. MAIL

Michigan Department of State
Bureau of Elections
Richard H. Austin Building, 1st Floor
430 West Allegan Street
Lansing, MI 48918-1700

Re: Statement of Organization / John Gleason Legal Defense Fund

Dear Sir or Madam:

Enclosed are two copies of the Statement of Organization for the John Gleason Legal Defense Fund. Please process in your usual matter.

Thank you in advance for your time and attention to this matter. If you have any questions, please contact me at the number above.

Sincerely,

CLARK HILL



Christopher M. Trebilcock

CMT:rm
Enclosures



ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: _____

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

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

4. Public Official Full Name (Last, First, M.I.): *John J. Gleason*

5a. Office (Check one):
 Governor State Senator MSU Trustee Circuit Court Local or Other please specify: *County Clerk*
 Lt. Governor State Rep. WSU Gov. District Court
 Sec. of State State Bd. of Ed. Supreme Court Probate Court
 Attorney General JcM Reg. Appeals Court Municipal Court

5b. District/Circuit # or Jurisdiction: _____

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

7. Date of Initial Contribution/Expenditure: *5/19/20*

8a. Complete Mailing Address (May be PO Box):
*604 Leland St
Flushing, MI
48433*

8b. Complete Street Address (May not be PO Box):
*604 Leland St
Flushing, MI
48433*

9c. Legal Defense Fund Phone #: *8109641973*

9d. Legal Defense Fund Fax #: _____

9e. Legal Defense Fund E-mail Address: *jig1954@icloud.com*

9f. Legal Defense Fund Web Address: _____

9a. Treasurer Name and Complete Street Address:
*KAREN L. Gleason
604 Leland St.
Flushing, MI: 48433*

9b. Treasurer Phone #: *810964-1956*

9c. Treasurer E-mail Address: *GleasonKAREN32@yahoo.com*

10. Designated Recordkeeper Name:
KAREN L. Gleason

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)
*EIGA Credit Union
6243 W. Pierson Rd, G
Flushing, MI 48433*

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: *John J. Gleason* Date: *5/16/20*

Current Treasurer Signature: *Karen L. Gleason* Date: *5/16/20*



ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: _____

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

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

4. Public Official Full Name (Last, First, M.I.): *John J. Gleason*

5a. Office (Check one):
 Governor State Senator MSU Trustee Circuit Court Local or Other please specify: *County Clerk*
 Lt. Governor State Rep. WSU Gov. District Court
 Sec. of State State Bd. of Ed. Supreme Court Probate Court
 Attorney General JcM Reg. Appeals Court Municipal Court

5b. District/Circuit # or Jurisdiction: _____

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

7. Date of Initial Contribution/Expenditure: *5/19/20*

8a. Complete Mailing Address (May be PO Box):
*604 Leland St
Flushing, MI
48433*

8b. Complete Street Address (May not be PO Box):
*604 Leland St
Flushing, MI
48433*

9c. Legal Defense Fund Phone #: *8109641973*

9d. Legal Defense Fund Fax #: _____

9e. Legal Defense Fund E-mail Address: *jig1954@icloud.com*

9f. Legal Defense Fund Web Address: _____

9a. Treasurer Name and Complete Street Address:
*KAREN L. Gleason
604 Leland St
Flushing, MI 48433*

9b. Treasurer Phone #: *810964-1956*

9c. Treasurer E-mail Address: *GleasonKAREN32@yahoo.com*

10. Designated Recordkeeper Name:
KAREN L. Gleason

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)
*EIGA Credit Union
6243 W. Pierson Rd, G
Flushing, MI 48433*

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: *John J. Gleason* Date: *5/16/20*

Current Treasurer Signature: *Karen L. Gleason* Date: *5/16/20*