



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> <u>John J. Gleason Legal</u> <u>Defense Fund</u></p> <p>1b. Legal Defense Fund Name: <u>John J. Gleason Legal</u> <u>Defense Fund</u></p> <p>1c. Legal Defense Fund Address: <u>604 Leland St</u> <u>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.</u> <u>Flushing, MI 48433</u></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: <u>John J. Gleason</u> <u>4/23/24</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Self</u> <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</u> <u>Flushing, Mi</u> <u>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</u> <u>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>1/22/24</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

LEGAL DEFENSE FUND
COVER PAGE

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

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

1a. Legal Defense Fund I.D. Number: 013

1b. Legal Defense Fund Name:

John J. Gleason Legal Defense Fund

1c. Legal Defense Fund Address:

604 Leland Street
Flushing, MI 48663

2a. Official's Full Name:

John J. Gleason

2b. Official's Office: Genessee County Clerk

1d. Legal Defense Fund Phone: (810) 964-1956

Self

604 Leland St.
Flushing, MI 48663

810 964-1956

4a. Transaction Report Covering:

☐ January 1 – March 31; Due: April 26th

☒ April 1 – June 30; Due: July 26th

☒ July 1 – September 30; Due: October 26th

☐ October 1 – December 31; Due: January 26th

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

5. ☐ Dissolution of Legal Defense Fund:

Effective Date of Dissolution

____/____/____

By checking this item, I/We certify that the Legal Defense Fund has no assets or
outstanding debts, including late filing fees. Note: The disposition of residual
funds must be reported on Itemized Expenditure Schedule 2 and the Summary
Page.

6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to
the best of my/our knowledge and belief the contents are true, accurate and complete.

Official's Signature and Date:

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>

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

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: <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>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>

* The ending balance must always be a positive number.



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

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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>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	\$ 2,553.50
67th District Court 630 S. Saginaw Street Flint, MI 48502	Court fees & fines	01/11/2023	\$ 855.00
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Page Subtotal			\$ 3,408 50
Grand Total (Complete on last page of Schedule)			\$ 3,408.50
Page 1 of 1			Forward to #3 Summary Page



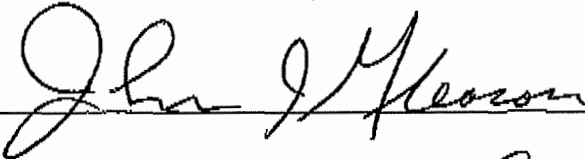
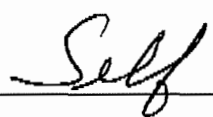
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

**LEGAL DEFENSE FUND
COVER PAGE**

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FOR OFFICIAL USE ONLY

<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 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 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></u> <u>3/21/23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date <u></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>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.



**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: <u>Joseph R. Karlichek</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	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name. John J. Gleason Legal Defense Fund - 013	
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	<u>10/18/2022</u>	\$ <u>12,245.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
		Page Subtotal	\$ <u>12,245.00</u>
		Grand Total (Complete on last page of Schedule)	\$ <u>12,245.00</u>
Page 1 of 1			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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 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>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

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.



**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 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	



**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: <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	



**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: <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: _____		\$ _____	\$ _____	\$ _____
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

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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 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>
<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

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: J. Perez Construction Inc 2232 Davison Road Flint, MI 48506 3. Date of Receipt: 06/02/2022 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 1,000.00	\$ _____	\$ 1,000.00
2. Name and Address: L.A. Construction Corporation 3543 N. Linden Road Flint, MI 48504 3. Date of Receipt: 06/02/2022 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 3,500.00	\$ _____	\$ 3,500.00
2. Name and Address: J. Perez Construction Inc. 2232 Davison Road Flint, MI 48506 3. Date of Receipt: 06/02/2022 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 5,000.00	\$ _____	\$ 6,000.00
2. Name and Address: Robert L. Swartwood 11190 N. Linden Road Clio, MI 48420 3. Date of Receipt: 06/02/2022 4. If over \$100.00 cumulative, please provide: Occupation: Attorney Employer: Self-Employed Place of Business: Clio		\$ 1,500.00	\$ _____	\$ 1,500.00
2. Name and Address: Durga Property Holdings, Inc. 11320 Chester Road Cincinnati, OH 45246 3. Date of Receipt: 06/02/2022 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 500.00	\$ _____	\$ 500.00
2. Name and Address: John J. Gleason 604 Leland St Flushing, MI 48433 3. Date of Receipt: 04/21/2022 4. If over \$100.00 cumulative, please provide: Occupation: Genesee County Clerk Employer: Genesee County Place of Business: Flint		\$ _____	\$ 2,177.00	\$ 2,177.00
Page Subtotal.		\$ 11,500.00	\$ 2,177.00	\$ 14,677.00
Grand Total: (Complete on last page of Schedule)		\$ 11,500.00	\$ 2,177.00	\$ 14,677.00
Page 1 of 1		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

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 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>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

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: 02/21/2022 4. If over \$100.00 cumulative, please provide: Occupation _____ Employer: _____ Place of Business: _____		\$ 1,500 00	\$ _____	\$ 1,500.00
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:		\$ 1,500 00	\$ _____	\$ 1,500.00
Grand Total: (Complete on last page of Schedule)		\$ 1,500 00	\$ _____	\$ 1,500.00
Page 1 of 1		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**

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>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

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	



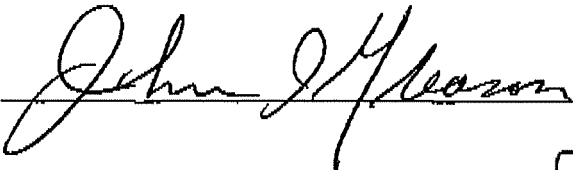

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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LEGAL DEFENSE FUND
COVER PAGE

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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>
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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 \$ 0.00	1b \$ 0.00
2. In-Kind Contributions	2a \$ 0.00	2b \$ 2,087.50
3 TOTAL CONTRIBUTIONS	3a \$ 0.00	3b. \$ 2,087.50
4. Itemized Expenditures	4a \$ 0.00	
5 Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a \$ 0.00	
6 TOTAL EXPENDITURES	6a \$ 0.00	6b. \$ 2,087.50
BALANCE STATEMENT		
7 Ending Balance of last report filed (Enter zero if no previous reports have been filed)	7 \$ 0.00	
8 Amount received during reporting period (Item 1a)	8 \$ 0.00	
9 SUBTOTAL Add lines 7 and 8	9. \$ 0.00	
10 Amount expended during reporting period (Item 6a)	10 \$ 0.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11 \$ 0.00 *	
* The ending balance must always be a positive number.		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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: <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>
<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

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1 Contributions	1a \$ 0.00	1b \$ 0.00
2 In-Kind Contributions	2a \$ 2,087.50	2b. \$ 2,087.50
3 TOTAL CONTRIBUTIONS	3a \$ 2,087.50	3b. \$ 2,087.50
4 Itemized Expenditures	4a. \$ 2,087.50	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	5a \$ 0.00	
6. TOTAL EXPENDITURES	6a. \$ 2,087.50	6b. \$ 2,087.50
BALANCE STATEMENT		
7 Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7 \$ 0.00	
8 Amount received during reporting period (Item 1a)	8 \$ 2,087.50	
9 SUBTOTAL Add lines 7 and 8	9. \$ 2,087.50	
10 Amount expended during reporting period (Item 6a)	10 \$ 2,087.50	
11 ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 0.00 *	
* 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. 3. Date of Receipt. <u>11/13/2020</u> John J. Gleason 604 Leland Street Flushing, MI 48633 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>2,087.50</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: _____		\$ _____	\$ _____	\$ _____
<div style="text-align: right;">Page Subtotal:</div>		\$ _____	\$ <u>2,087.50</u>	\$ <u>2,087.50</u>
<div style="text-align: right;">Grand Total: (Complete on last page of Schedule)</div>		\$ _____	\$ <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	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: John J. Gleason Legal Defense Fund - 013	
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	<u>05/28/2021</u>	\$ <u>2,087.50</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ <u>2,087.50</u>
Grand Total (Complete on last page of Schedule)			\$ <u>2,087.50</u>
Page 1 of 1			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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 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>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 \$ 0.00	1b \$ 0.00
2. In-Kind Contributions	2a. \$ 0.00	2b \$ 0.00
3. TOTAL CONTRIBUTIONS	3a. \$ 0.00	3b. \$ 0.00
4. Itemized Expenditures	4a \$ 0.00	
5 Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a \$ 0.00	
6 TOTAL EXPENDITURES	6a \$ 0.00	6b \$ 0.00
BALANCE STATEMENT		
7 Ending Balance of last report filed (Enter zero if no previous reports have been filed)	7 \$ 0.00	
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10 Amount expended during reporting period (Item 6a)	10 \$ 0.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11 \$ 0.00 *	
* The ending balance must always be a positive number.		



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BUREAU OF ELECTIONS

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LEGAL DEFENSE FUND
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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

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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		



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: 11/13/2020 4. If over \$100.00 cumulative, please provide Occupation: Genesee County Clerk Employer: Genesee County Place of Business: Flint		\$ _____	\$ 2,200.00	\$ 7,177.00
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.		\$ _____	\$ 2,200.00	\$ 7,177.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ 2,200.00	\$ 7,177.00
Page 1 of 1		Forward to #1 Summary Page	Forward to #2 Summary Page	

Page 1 of 1



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BUREAU OF ELECTIONS

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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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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.		



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: 09/10/2020 4. If over \$100.00 cumulative, please provide: Occupation Genesee County Clerk Employer: Genesee County Place of Business: Flint	\$ _____	\$ 4,977.00	\$ 4,977.00
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:	\$ _____	\$ 4,977.00	\$ 4,977.00
Grand Total: (Complete on last page of Schedule)	\$ _____	\$ 4,977.00	\$ 4,977.00
Page 1 of 1	Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: John J. Gleason Legal Defense Fund - 013	
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	<u>09/10/2020</u>	\$ <u>4,977.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ <u>4,977.00</u>
Grand Total (Complete on last page of Schedule)			\$ <u>4,977.00</u>
Page <u>1</u> of <u>1</u>			Forward to #3 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>
<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>Sely</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>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		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
03/09/2023

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, 9, 23
Date

Current Treasurer Signature: John J. Gleason 3, 9, 23
Date



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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10/17/2022

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: 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>
<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 <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>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 OH</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	



**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>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 Timberlane 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 Venugopli</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: _____		\$ _____	\$ _____	\$ _____
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	

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <u>013 John Gleason LDF</u>	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
<u>CLARK HILL PLC</u> <u>500 Woodward Ave. STE 3500</u> <u>Detroit, Mi 48226</u>	<u>legal fees</u>	<u>9-8-22</u>	\$ <u>12,245.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
		Page Subtotal	\$ _____
		Grand Total (Complete on last page of Schedule)	\$ <u>12,245.00</u>
Page ____ of ____			Forward to #3 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.

~~23,686.50~~
~~12,245.00~~
~~11,441.50~~



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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>
<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>7.18.22</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Karen L. Gleason</u> <u>7.18.22</u></p>	



**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 45248</u> 3. Date of Receipt: <u>6-2</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>Josemarie Perez</u> <u>83 S. Bassett Rd.</u> <u>Lapeer, MI 48446</u> 3. Date of Receipt: <u>6-2</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>5000</u>	\$ _____	\$ <u>5000</u>
2. Name and Address: <u>Jenoveva Perez</u> <u>83 S. Bassett Rd.</u> <u>Lapeer, MI 48446</u> 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: <u>Book Keeper</u> Employer: <u>Self</u> Place of Business: <u>Flint, MI</u>		\$ <u>1000</u>	\$ _____	\$ <u>1000</u>
2. Name and Address: <u>HARRY Adkios.</u> <u>5621 Sandy Ln</u> <u>Columbiana, MI 48421</u> 3. Date of Receipt: <u>6-2</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Construction</u> Employer: <u>Self</u> Place of Business: <u>Flint, MI</u>		\$ <u>3500</u>	\$ _____	\$ <u>3500</u>
2. Name and Address: <u>Robert Swartwood</u> <u>14190 N Linden Rd</u> <u>Clio, MI 48420</u> 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Self</u> Place of Business: <u>Clio, MI</u>		\$ <u>1500</u>	\$ _____	\$ <u>1500</u>
2. Name and Address: <u>Kumar Venulapalli</u> <u>3299 Bridgestone Ct.</u> <u>Cincinnati, OH 45248</u> 3. Date of Receipt: <u>6-7-22</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>1000</u>
Page Subtotal:		\$ <u>1000</u>	\$ _____	\$ <u>1500</u>
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**

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>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 Romy 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 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 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. \$ <u>39,500</u>
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. \$ <u>11,441.50</u> 0

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.



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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

1a. Legal Defense Fund I.D. Number: <u>013</u>	2a. Official's Full Name: <u>John J. Gleason</u>
1b. Legal Defense Fund Name: <u>John J. Gleason Legal</u> <u>Defense Fund</u>	2b. Official's Office: <u>Genesee County Clerk</u>
1c. Legal Defense Fund Address: <u>604 Leland St.</u> <u>Flushing, Mi</u> <u>48433</u>	
1d. Legal Defense Fund Phone: <u>810 864 1956</u>	
3a. Treasurer's Full Name: <u>KAREN L. Gleason</u>	3c. Treasurer's Business Address: <u>604 Leland St</u> <u>Flushing, Mi</u> <u>48433</u>
3b. Treasurer's Residential Address: <u>604 Leland St</u> <u>Flushing, Mi</u> <u>48433</u>	3d. Treasurer's Phone Number(s): <u>810 864 1866</u>
4a. Quarterly Transaction Report Covering: <input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th <input type="checkbox"/> April 1 – June 30; Due: July 25th <input type="checkbox"/> July 1 – September 30; Due: October 25th <input type="checkbox"/> October 1 – December 31; Due: January 25th	5. <input type="checkbox"/> Dissolution of Legal Defense Fund: Effective Date of Dissolution <u> / / </u> By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.
4b. <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>4/22/22</u>	
Treasurer's/Designated Record Keeper's Signature and Date: _____ <u> / / </u>	



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.



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <u>D13</u>	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Clark Hill PC 500 Woodward Ave Suite 3500. Detroit, Mi 48226	Legal Fees	<u>4-21-22</u>	\$ <u>2,177</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
		Page Subtotal	\$ <u>2,177</u>
		Grand Total (Complete on last page of Schedule)	\$ <u>2,177</u>
Page <u>2</u> of <u>2</u>			Forward to #3 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>Mikael Jaubran</u> <u>2259 Ridgemoor Ct</u> <u>Burton, Mi 48509</u> 3. Date of Receipt: _____		\$ <u>1,500</u>	\$ _____	\$ <u>1,500</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Businessman</u> Employer: <u>Self</u> Place of Business: <u>Genesee Twp</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>		\$ <u>2177</u>	\$ _____	\$ <u>11,441.50</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>				
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

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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

1a. Legal Defense Fund I.D. Number: 013

2a. Official's Full Name:

John J. Gleason

1b. Legal Defense Fund Name:

John J. Gleason Legal Defense Fund

2b. Official's Office:

Genesee County Clerk

1c. Legal Defense Fund Address:

604 Leland St
Flushing, Mi
48433

1d. Legal Defense Fund Phone: 810964-1956

3a. Treasurer's Full Name:

KAREN L. Gleason

3c. Treasurer's Business Address:

604 Leland St.
Flushing, Mi
48433

3b. Treasurer's Residential Address:

604 Leland St
Flushing, Mi
48433

3d. Treasurer's Phone Number(s): 810 964-1973

4a. Quarterly Transaction Report Covering:

☐ January 1 – March 31; Due: April 25th

☐ April 1 – June 30; Due: July 25th

☐ July 1 – September 30; Due: October 25th

☒ October 1 – December 31; Due: January 25th

5. ☐ Dissolution of Legal Defense Fund:

Effective Date of Dissolution

1 / 23 / 22

By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.

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

6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Official's Signature and Date:

John J. Gleason

1 / 23 / 22

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

Karen L. Gleason

23, 22



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>
<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>10/25/21</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Karen L. Gleason</u> <u>10/25/21</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. \$ 0	1b. \$ 0
2. In-Kind Contributions	2a. \$ 0	2b. \$ 0
3. TOTAL CONTRIBUTIONS	3a. \$ 0	3b. \$ 0
4. Itemized Expenditures	4a. \$ 0	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ 0	
6. TOTAL EXPENDITURES	6a. \$ 0	6b. \$ 0

BALANCE STATEMENT	
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 9,264.50
8. Amount received during reporting period (Item 1a.)	8. \$ 0
9. SUBTOTAL Add lines 7 and 8	9. \$ 9,264.50
10. Amount expended during reporting period (Item 6a.)	10. \$ 0
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 9,264.50

* 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.</u> <u>Hushing, 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>Gwasque 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>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>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: <u>Genesee 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 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: _____ /____/____</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. \$ 0.00	1b. \$ 4,977.00
2. In-Kind Contributions	2a. \$ 0.00	2b. \$ 0.00
3. TOTAL CONTRIBUTIONS	3a. \$ 0.00	3b. \$ 4,977.00
4. Itemized Expenditures	4a. \$ 0.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ 0.00	
6. TOTAL EXPENDITURES	6a. \$ 0.00	6b. \$ 4,977.00
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 0.00	
8. Amount received during reporting period (Item 1a.)	8. \$ 0.00	
9. SUBTOTAL Add lines 7 and 8	9. \$ 0.00	
10. Amount expended during reporting period (Item 6a.)	10. \$ 0.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 0.00 *	
* 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 -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: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ _____	\$ _____	\$ _____
Grand Total: (Complete on last page of Schedule)		\$ 0.00	\$ 0.00	\$ 0.00
Page 1 of 1		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: John J. Gleason Legal Defense Fund - 13	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Page Subtotal			\$
Grand Total (Complete on last page of Schedule)			\$ 0.00
Page 1 of 1			Forward to #3 Summary Page

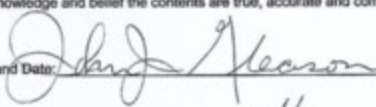



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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></u> <u>1, 25, 21</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></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 ____/____/____</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.		



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: _____ 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 1 of 1		Forward to #1 Summary Page	Forward to #2 Summary Page	

[illegible]



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: <u>John J. Gleason</u>
1b. Legal Defense Fund Name: <u>John J. Gleason Legal Defense Fund</u>	2b. Official's Office: <u>Genesee County Clerk</u>
1c. Legal Defense Fund Address: <u>604 Leland Street</u> <u>Flushing, MI 48633</u>	
1d. Legal Defense Fund Phone: <u>(810) 964-1956</u>	
3a. Treasurer's Full Name: <u>Karen L. Gleason</u>	3c. Treasurer's Business Address: <u>604 Leland Street</u> <u>Flushing, MI 48633</u>
3b. Treasurer's Residential Address: <u>604 Leland Street</u> <u>Flushing, MI 48633</u>	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 28th <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 <u> / / </u> 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.
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
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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: 09/10/2020 4. If over \$100.00 cumulative, please provide: Occupation: Genessee County Clerk Employer: Genessee County Place of Business: Flint		\$ 2,977.00	\$ 0.00	\$ 2,977.00
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:		\$ 2,977.00	\$ 0.00	\$ 2,977.00
Grand Total: (Complete on last page of Schedule)		\$ 2,977.00	\$ 0.00	\$ 2,977.00
Page 1 of 1		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>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.</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.		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/Reg</u> Employer: <u>Genesee County</u> Place of Business: <u>Flint, Mi</u>		<u>\$2000.</u>	<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:		\$	\$	\$
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)		<u>\$2000</u>	<u>\$2000</u>	<u>\$2000</u>
Page <u>1</u> of <u>1</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	

CLARK HILL

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

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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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

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

8c. Legal Defense Fund Phone #: 8109641973

8d. Legal Defense Fund Fax #: _____

8e. Legal Defense Fund E-mail Address: jig1954@icloud.com

8f. 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)
FIGA 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



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604 Leland St
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