

### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
1a. Legal Defense Fund I.D. Number: 0/3  John J. Glencon Legal  1b. Legal Defense Fund Name:	2a. Official's Full Name: John J. Gleson
1c. Legal Defense Fund Address:  604 Leland ST	2b. Official's Office: Genesia County Clerk
Flushing , MI 48433  1d. Legal Defense Fund Phone: 810941973	
3a. Treasurer's Full Name:	3c. Treasurer's Business Address:
3b. Treasurer's Residential Address:	604 Celand ST. FLUTHINS, MI 48433
	3d. Treasurer's Phone Number(s):
4a. Quarterly Transaction Report Covering:	5 DB: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
January 1 – March 31; Due: April 25th	5. Dissolution of Legal Defense Fund:
April 1 – June 30; Due: July 25 <sup>th</sup>	Effective Date of Dissolution
☐ July 1 – September 30; Due: October 25th	
October 1 – December 31; Due: January 25th	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 the best of my\our knowledge and belief the contents a	was used in the preparation of this statement and attached schedules (if any) and to re true, accurate and complete.
Official's Signature and Date:	Date: Self 4 123124
Treasurer's/Designated Record Keeper's Signature and	d Date:
II	1./



### FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$	1b. \$
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$	3b. \$
4. Itemized Expenditures	4a. \$	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	est .
6. TOTAL EXPENDITURES	6a. \$	6b. \$
BALANCE STATEMENT		
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	7. \$ 17 /21.50	
8. Amount received during reporting period (Item 1a.)	8. \$	
9. SUBTOTAL Add lines 7 and 8	9. \$ 17,121.50	
10. Amount expended during reporting period (Item 6a.)	10.\$	
11. ENDING BALANCE	11.\$ /7/2/50 *	
(Subtract line 10 from line 9)	* The ending balance must always be a positive	number.



## LEGAL DEFENSE FUND COVER PAGE

Far 5/7-241-4785 Due 1-25-24

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

and Official.	
1a. Legal Defense Fund I.D. Number: <u>る</u> 13	2a. Official's Full Name: John J. Gleason
1b. Legal Defense Fund Name:  John J. Gleason Legal Defense  To Defense Fund Address:  604 Leland 5+  7105 hing, Mi 48433	2b. Official's Office: Genesee County Jank
1d. Legal Defense Fund Phone: & ಬಳಿ 1913	
3a. Treasurer's Full Name:	3c. Treasurer's Business Address:  604 Leland St  7105hing, Mi 48433
3b. Treasurer's Residential Address:	403nmg/ 191 4843 /
	3d. Treasurer's Phone Number(s):
4a. Quarterly Transaction Report Covering:  January 1 – March 31; Due: April 25th  April 1 – June 30; Due: July 25 <sup>th</sup> July 1 – September 30; Due: October 25th	5. Dissolution of Legal Defense Fund:  Effective Date of Dissolution //  By checking this item, I\We certify that the Legal Defense Fund has no assets or
October 1 – December 31; Due: January 25th  4b. Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	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 the best of my\our knowledge and belief the contents a	,
Official's Signature and Date:	1,22,24
Treasurer's/Designated Record Keeper's Signature and	Date:



### FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$	1b. \$
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$	3b. \$
4. Itemized Expenditures	4a. \$	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	
6. TOTAL EXPENDITURES	6a. \$	6b. \$
BAL	ANCE STATEMENT	
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	7. \$ 17, 121.50	
8. Amount received during reporting period (Item 1a.)	8. \$	
9. SUBTOTAL Add lines 7 and 8	9. \$ 17, 121.50	
10. Amount expended during reporting period (Item 6a.)	10.\$	
11. ENDING BALANCE	11.\$ _/7/21.50_*	
(Subtract line 10 from line 9)	* The ending balance must always be a positive	number.

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

#### LEGAL DEFENSE FUND COVER PAGE

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

Due OC+ 25, 2027 FOR OFFICIAL USE ONLY

and Official,	
1a. Legal Defense Fund I.D. Number: 013	2a. Official's Full Name:
1b. Legal Defense Fund Name:	John J. Gleason
John J. Gleason Legal Defense Fund	a con a Gonggood County Clork
1c. Legal Defense Fund Address:	2b. Official's Office: Genessee County Clerk
604 Leland Street	
Flushing, MI 48663	
-	
1d. Legal Defense Fund Phone: (810) 984-1958	
l. Self	604 Leland St.
,	7/oshing, Mi 48433
F	11/4 18433
	810964-1973
48 ετατιδασμοπ καροπ Covering:	010 769 - 1775
☐ January 1 - March 31; Due: April 25th	5. Dissolution of Legal Defense Fund:
	Effective Date of Dissolution
April 1 – June 30; Due: July 25 <sup>th</sup>	
July 1 - September 30; Due: October 26th	Comments of the state of the st
Cottober 1 - December 31; Due: January 25th	By checking this item, IWVe certify that the Legal Defense Fund has no assets or cutatanding debts, including late filing fees. Note: The disposition of residual
	funds must be reported on Itemized Expenditure Schedule 2 and the Summary
4b. 🔀 Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	Page.
6. Verification: I/We certify that all reasonable diligence with best of my/our knowledge and belief the contents are	vas used in the preparation of this statement and attached schedules (if any) and to true, accurate and complete.
$\bigcap$ $\bigcap$	$\mathcal{U}$ ,
Official's Signature and Date:	(laran 9,5,23
	Pate:
Treasurer's/Designated Record Keeper's Signature and L	Date: 9,25,23



LEGAL DEFENSE FUND SUMMARY PAGE **Clear Form** 

### FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$	1b. \$
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$	3b. \$
4. Itemized Expenditures	4a. \$	
5. Uniternized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	
6. TOTAL EXPENDITURES	6a. \$	6b. \$
BAL	ANCE STATEMENT	
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	7.8_17,121.50	
8. Amount received during reporting period (Item 1a.)	8. \$	•
9. SUBTOTAL Add lines 7 and 8	9. \$ 17, 121, 50	
10. Amount expended during reporting period (item 6a.)	10.\$	
11. ENDING BALANCE	11.5 17,121,50	
(Subtract line 10 from line 9)	* The ending balance must always be a positive	number.
	<u> </u>	



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

## LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
1a. Legal Defense Fund I.D. Number: 013	2a. Official's Full Name:  The J. Gleason
1b. Legal Defense Fund Name:  John J. Gleuson Defense Fund  1c. Legal Defense Fund Address:  604 Laland St  Thushing, Mi.  48433  1d. Legal Defense Fund Phone: 810964-1973	2b. Official's Office: General County Clerk
3a. Treasurer's Full Name:  John J. Glacson  3b. Treasurer's Residential Address:  604 Leknd St  7-lushing, Mi 48433	3c. Treasurer's Business Address:  604 Leland 5+  7/ushing, Mi  48433  3d. Treasurer's Phone Number(s): 810944-1973
4a. Quarterly Transaction Report Covering:  January 1 - March 31; Due: April 25th  April 1 - June 30; Due: July 25 <sup>th</sup> July 1 - September 30; Due: October 25th  October 1 - December 31; Due: January 25th  4b. Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	Effective Date of Dissolution
6. Verification: I/We certify that all reasonable diligence the best of my/our knowledge and belief the contents ar Official's Signature and Date:  Treasurer's/Designated Record Keeper's Signature and	Meason 7, 19, 23



Clear Form

### LEGAL DEFENSE FUND SUMMARY PAGE

### FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$	1b. \$
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$ <u>U, OO</u>	3b. \$
4. Itemized Expenditures	4a. \$ O. DO	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	
6. TOTAL EXPENDITURES	6a. \$	6b. \$
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 17, 12/, 50	
Amount received during reporting period (item 1a.)	8. \$	•
9. SUBTOTAL Add lines 7 and 8	9. \$ 17, 121, 50	
10. Amount expended during reporting period (Item 6a.)	10.\$	
11. ENDING BALANCE (Subtract line 10 from line 9)	* The ending balance must always be a positive	number.



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.

and Official.	
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 48633	2a. Official's Full Name John J. Gleason  2b Official's Office Genessee County Clerk
1d Legal Defense Fund Phone (810) 964-1973	
3a Treasurer's Full Name. John J. Gleason 3b Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633	3c Treasurer's Business Address. 604 Leland Street Flushing, MI 48633
	3d. Treasurer's Phone Number(s) (810) 964-1973
4a Quarterly Transaction Report Covering  X January 1 - March 31; Due: April 25th  April 1 - June 30; Due: July 25 <sup>th</sup> July 1 - September 30; Due: October 25th  October 1 - December 31; Due: January 25th  4b Amendment to Transaction Report. also mark (4a) to indicate which Report is being amended)	5 Dissolution of Legal Defense Fund:  Effective Date of Dissolution
6 Verification: I/We certify that all reasonable diligence the best of my/our knowledge and belief the contents and Official's Signature and Date	was used in the preparation of this statement and attached schedules (if any) and to e true, accurate and complete  4,25,29
Treasurer's/Designated Record Keeper's Signature and	Date



### FOR OFFICIAL USE ONLY

Column I This Period	Column II Cumulative Calendar Year
1a \$ 0.00	1b \$ 0.00
<sub>2a</sub> \$ 0.00	2b. \$ 0.00
3a. \$ 0.00	3b \$ 0.00
<sub>4a \$</sub> 3,408.50	
<sub>5a \$</sub> 0.00	_
<sub>6a. \$</sub> 3,408.50	<sub>6b \$ 3,408.50</sub>
LANCE STATEMENT	
7 \$ 20,530.00	_
8 \$ 0.00	
9 \$_20,530.00	
10 \$ 3,408.50	
11 \$ 17,121.50	*
* The ending balance must always be	a positive number
	This Period  1a \$ 0.00 2a \$ 0.00 3a. \$ 0.00 4a \$ 3,408.50 6a. \$ 0.00  8 \$ 0.00 9 \$ 20,530.00 10 \$ 3,408.50 17,121.50



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	Legal Defense Fund I.D. Number and Name.     O13 - John J. Gleason Legal Defense Fund			
2 Name and address of person or vendor paid	-1	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	\$ <u>855.00</u>
				\$
				\$
				\$
				\$
				\$
				\$
	-			\$
				\$
				\$
		Page Subtotal Grand Total		\$ 3,408 50 \$ 3,408 50
Page 1 of 1	(C	omplete on last page of Schedule)		3,408.50 Forward to #3 Summary Page

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

### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	****
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 48633	2a. Official's Full Name: John J. Gleason 2b. Official's Office: Genesee County Clerk
1d Legal Defense Fund Phone (810) 964-1973	
3a, Treasurer's Full Name.  John J. Gleason  3b Treasurer's Residential Address  604 Leland Street Flushing, MI 48633	3c Treasurer's Business Address 604 Leland Street Flushing, MI 48633
	3d. Treasurer's Phone Number(s) (810) 984-1973
4a. Quarterly Transaction Report Covering  January 1 – March 31; Due: April 25th  April 1 – June 30; Due: July 25 <sup>th</sup> July 1 – September 30; Due: October 25th  October 1 – December 31; Due: January 25th	5 Dissolution of Legal Defense Fund  Effective Date of Dissolution /
4b 🗷 Amendment to Transaction Report also mark (4a) to Indicate which Report is being amended)	funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.
6. Verification: ItWe certify that all reasonable diligence the best of mylour knowledge and belief the contents at Official's Signature and Date:	was used in the preparation of this statement and attached schedules (if any) and to re true, accurate and complete  3, 21, 23
Treasurer's/Designated Record Keeper's Signature and	1 Date



### FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1 Contributions	<sub>1a \$</sub> <u>1,300.00</u>	<sub>1b</sub> \$ <u>52,050.00</u>
2 In-Kind Contributions	<sub>2a. \$</sub> 0.00	<sub>2b</sub> \$ 2,177.00
3. TOTAL CONTRIBUTIONS	<sub>3a \$</sub> 1,300.00	<sub>3b. \$</sub> <u>54,227.00</u>
Itemized Expenditures	<sub>4a \$</sub> <u>12,245.00</u>	_
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	<sub>5a \$</sub> 0.00	
6 TOTAL EXPENDITURES	<sub>6a \$</sub> <u>12,245.00</u>	<sub>6b. \$</sub> 34,696.00
BA	LANCE STATEMENT	
7 Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7 \$ 31,475.00	
8 Amount received during reporting period (Item 1a )	8 \$ 1,300.00	
9. SUBTOTAL Add lines 7 and 8	9 \$_32,775.00	_
10 Amount expended during reporting period (Item 6a)	<sub>10 \$</sub> 12,245.00	
11 ENDING BALANCE	11. \$ 20,530.00	*
(Subtract line 10 from line 9)	* 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:

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address:  Joseph R. Karlichek  3. Date of Receipt: 10/21/2022			
221 Oakwood	\$ 1,300.00	\$	\$ <u>1,300</u> 00
Flushing, MI 48433			
4. If over \$100.00 cumulative, please provide Occupation: Politician			
Employer: Place of Business. Flushing			
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:	1		
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:	\$ 1,300.00	\$	\$ <u>1,300.00</u>
Grand Total (Complete on last page of Schedule)	\$ 1,300.00	\$	\$ 1,300.00
Page _ 1 _ of _ 1 _	Forward to #1 Summary Page	Forward to #2 Summary Page	



BUREAU OF ELECTIONS	I		
ITEMIZED EXPENDITURES	1. Legal Defense Fund I.D. Number ar	d Name.	
SCHEDULE 2	John J. Gleason Legal Defe	nse Fund -	013
LEGAL DEFENSE FUND			
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Clark Hill PLC	Legal fees		
500 Woodward Avenue, Suite 3500		10/18/2022	\$ <u>12,245.00</u>
Detroit, MI 48226			
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	Page Subtotal		\$ 12,245.00
	Grand Total (Complete on last page of Schedule)		<sup>\$</sup> 12,245.00
4 4	(Semplete of last page of Concadie)		Forward to #3
Page 1 of 1			Summary Page



### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
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 48633	2a. Official's Full Name John J. Gleason  2b. Official's Office Genesee County Clerk
1d. Legal Defense Fund Phone (810) 964-1973	
3a. Treasurer's Full Name. John J. Gleason 3b Treasurer's Residential Address 604 Leland Street Flushing, MI 48633	3c. Treasurer's Business Address 604 Leland Street Flushing, MI 48633
	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  4b. X Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	5. Dissolution of Legal Defense Fund.  Effective Date of Dissolution
6. Verification: I\We certify that all reasonable diligence the best of my\u00e3our knowledge and bellef the contents at Official's Signature and Date	was used in the preparation of this statement and attached schedules (if any) and to re true, accurate and complete  2,21,23  Date:
Tressurer's/Designated Record Keeper's Signature and	Date



## FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1 Contributions	<sub>1a \$</sub> 37,750.00	<sub>1b</sub> \$ 50,750.00
2. In-Kind Contributions	<sub>2a, \$</sub> 0.00	<sub>2b</sub> \$ 2,177.00
3 TOTAL CONTRIBUTIONS	<sub>3a \$</sub> <u>37,750.00</u>	<sub>3b. \$</sub> <u>52,927.00</u>
Itemized Expenditures	<sub>4a \$</sub> 17,775.00	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	<sub>5a \$</sub> 0.00	_
6. TOTAL EXPENDITURES	<sub>6a. \$</sub> <u>17,775.00</u>	
ВА	LANCE STATEMENT	
7 Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	<sub>7 \$</sub> 11,500.00	-
8 Amount received during reporting period (Item 1a)	8 \$ 37,750.00	_
9 SUBTOTAL Add lines 7 and 8	9. \$_49,250.00	_
10 Amount expended during reporting period (Item 6a)	<sub>10 \$</sub> 17,775.00	_
11. ENDING BALANCE	<sub>11 \$</sub> 31,475.00	*
(Subtract line 10 from line 9)	* The ending balance must always be a	a positive number.



### 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 3. Date of Receipt: 07/01/2022			
William D. Bain			
P.O. Box 70	\$ 250 00	\$	\$ <u>250.00</u>
Flushing, MI 48433			
4. If over \$100 00 cumulative, please provide Occupation Retired			
Employer Place of Business:			
2 Name and Address 3. Date of Receipt 07/01/2022			
Martin Corcoran			
622 Bloomfield Ct, Apt 102	\$ <u>1,300.00</u>	\$	\$ <u>1,300.00</u>
Birmingham, MI 48009			
4. If over \$100.00 cumulative, please provide: Occupation: Builder			
Employer: Self-Employed Place of Business: Mt. Morris			
2. Name and Address: 3. Date of Receipt: 07/01/2022			
Michael J. Joubran			
2259 Ridgemoor Ct	£ 0,00,00	\$	\$0,000,00
Burton, MI 48509	\$ 8,000.00	Ψ	\$ <u>8,000.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: Business Owner			
Employer: Self-Employed Place of Business: Flint			
2 Name and Address. 3 Date of Receipt: 07/01/2022			
Goyette Mechanical			
3842 Gorey Avenue - P.O. Box 33	<b>#</b> 40 000 00		<b>#</b> 40,000,00
Flint, MI 48501	\$ <u>10,000.00</u>	\$	\$ <u>10,000.00</u>
4 If over \$100 00 cumulative, please provide Occupation:			
Employer: Place of Business			
2. Name and Address: 3. Date of Receipt: 07/01/2022			
Huckleberry Junction			
7441 N Genesee Rd	\$ 1,000.00	\$	\$1,000.00
Genesee, MI 48437	1,000.00		, <u>,,,,,,,,,</u>
4. If over \$100.00 cumulative, please provide. Occupation			
Employer: Place of Business			
2. Name and Address. 3. Date of Receipt 07/01/2022			
Atram Inc			
G-2525 E Mt. Morris Rd	\$ 4,000.00	\$	\$4,000.00
Mt. Morris, MI 48458			
4 If over \$100 00 cumulative, please provide Occupation			
Employer: Place of Business:	<b>A</b> 04 == 0.00	Φ.	# 04 FF0 00
Page Subtotal:	\$ 24,550.00	\$	\$ 24,550 00
Grand Total: (Complete on last page of Schedule	\$	\$	\$
(Complete on last page of Conedule	Forward to	Forward to	Y
Page1 of4	#1 Summary Page	#2 Summary Page	



# ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

1. Legal Defense Fund I.D Number and Name

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address:  Durga Property Holdings, Inc.  11320 Chester Rd  Cincinnati, OH 45246	\$ 500.00	\$	\$ <u>1,000.00</u>
4 If over \$100.00 cumulative, please provide: Occupation			
Employer Place of Business			
2 Name and Address 3. Date of Receipt: 07/01/2022 Philip J. Hart 2189 E Frances Rd Clio, MI 48420	\$ <u>1,000.00</u>	\$	\$ <u>1,000 00</u>
4. If over \$100.00 cumulative, please provide: Occupation: Police Chief  Employer Genesee Twp Place of Business Mt. Morris			
2. Name and Address:  Mary C. Caswell P.O. Box 34 Highland, MI 48357 4. If over \$100.00 cumulative, please provide: Occupation: Real Estate	\$ <u>250.00</u>	\$	\$ <u>250 00</u>
Employer: Self-Employed Place of Business Highland			
2. Name and Address:  Robert B. Brooks 5103 W. Dodge Rd Clio, MI 48420 4. If over \$100.00 cumulative, please provide. Occupation: Retired	\$ <u>700.00</u>	\$	\$ <u>700.00</u>
Employer Place of Business			
2. Name and Address 3 Date of Receipt: 07/29/2022  Durga Property Holdings, Inc.  11320 Chester Road  Cincinnati, OH 45246  4. If over \$100.00 cumulative, please provide. Occupation	\$ <u>500.00</u>	\$	\$ <u>1,500.00</u>
Employer Place of Business			
2. Name and Address.  3. Date of Receipt. 07/29/2022  Andrew D. Suski 2284 Western Meadows Dr  Flushing, MI 48433  4. If over \$100.00 cumulative, please provide: Occupation: Car Dealer  Employer: Self-Employed Place of Business: Birch Run	\$ 500.00	\$	\$ <u>500 00</u>
Page Subtotal:	\$ 3,450.00	\$	\$ <u>4,950.00</u>
Grand Total: (Complete on last page of Schedule)	\$	\$	\$
Page _ 2 _ of _ 4 _	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:

i i			
Enter contributor's name and address.	5. Amount	6. Amount (In-Kınd)	7. Cumulative
2. Name and Address.  Gregory H Childers 7438 Timberlea Ct Flint, MI 48532  4 If over \$100 00 cumulative, please provide Occupation: Builder Employer: Self-Employed Place of Business: Flint	\$ 500 00	\$	\$ <u>500 00</u>
2. Name and Address.  Henry Tannenbaum 521 West Court Street Flint, MI 48503 4. If over \$100.00 cumulative, please provide: Occupation: Businessman  Employer: Self-Employed  Place of Business: Flint	\$ <u>750.00</u>	. \$	\$ <u>750.00</u>
2. Name and Address:  3. Date of Receipt: 08/19/20  Genesee Landlords Association PAC  2540 S. Grand Traverse  Flint, MI 48503  4. If over \$100.00 cumulative, please provide. Occupation:  Employer:  Place of Business:	\$ 500.00	\$	\$500 00
2 Name and Address 3. Date of Receipt: 08/19/20 Joseph Juhasz 609 Leland St Flushing, MI 48433 4. If over \$100.00 cumulative, please provide: Occupation. Retired  Employer: Place of Business:	\$ <u>1,000 00</u>	\$	\$ <u>1,000.00</u>
2. Name and Address:  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: 09/12/20 Park Pointe LLC 18519 Martins Ln Strongsville, OH 44149 4. If over \$100 00 cumulative, please provide Occupation Place of Business	\$ 3,000 00	\$	\$ <u>3,000 00</u>
Page Subt		\$	\$ <u>6,750 00</u>
Grand 1 (Complete on last page of Sche	•	\$	\$
Page _ 3 _ of _ 4	Forward to #1 Summary Page	Forward to #2 Summary Page	



### ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt. 09/12/2022			
Huckleberry Junction			
7441 N Genesee Rd	\$ 2,000 00	\$	\$ <u>3,000.00</u>
Genesee, MI 48437			
4. If over \$100.00 cumulative, please provide: Occupation			
Employer Place of Business:			
2. Name and Address: 3. Date of Receipt: 09/12/2022			
Michael J. Joubran 2259 Ridgemoore Ct		Φ.	Фолого
Burton, MI 48509	\$ <u>1,000.00</u>	\$	\$ <u>9,000.00</u>
4. If over \$100.00 cumulative, please provide Occupation: Business Owner			
Employer Self-Employed Place of Business Flint			
2. Name and Address: 3. Date of Receipt:			
·			
	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:	Ψ	Ť	Ψ
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			
2 Name and Address. 5 Date of Neceipt			
	\$	\$	\$
	Ψ	<b>—</b>	Ψ
4. If over \$100.00 cumulative, please provide. Occupation:			
Employer: Place of Business:  2. Name and Address. 3. Date of Receipt:			
2. Name and Address.  3. Date of Receipt:			
		•	
	\$	\$	\$
4 If over \$100.00 cumulative, please provide Occupation:			
Employer Place of Business:			
Page Subtotal:	\$ 3,000.00	\$	\$ 12,000 00
Grand Total:  (Complete on last page of Schedule)	\$ 37,750.00	\$	\$ 48,250 00
	Forward to	Forward to	
Page4 of4	#1 Summary Page	#2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Number a John J. Gleason Legal Def		013
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	07/13/2022	\$ 5,530.00
Clark Hill PLC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226	Legal fees	09/08/2022	\$ <u>12,245.00</u>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	Page Subtotal		\$ 17,775.00
	Grand Total (Complete on last page of Schedule)		\$ 17,775.00
Page 1 of 1	P		Forward to #3 Summary Page



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### LEGAL DEFENSE FUND COVER PAGE

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

and Official	
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 48633	2a Official's Full Name: John J. Gleason  2b Official's Office <sup>.</sup> Genesee County Clerk
1d. Legal Defense Fund Phone (810) 964-1973	
3a Treasurer's Full Name, John J. Gleason 3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633	3c. Treasurer's Business Address 604 Leland Street Flushing, MI 48633
	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 25 <sup>th</sup> July 1 – September 30; Due: October 25th  October 1 – December 31; Due: January 25th  4b Amendment to Transaction Report also mark (4a) to indicate which Report is being amended)	5. Dissolution of Legal Defense Fund.  Effective Date of Dissolution /  By checking this item, Itwe certify that the Legal Defense Fund has no assets or outstanding debts, including late filling 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 the best of my\our knowledge and belief the contents ar Official's Signature and Date	was used in the preparation of this statement and attached schedules (if any) and to e true, accurate and complete.  Alloward 321, 23  Date Self 3,21,23
Treasurer's/Designated Record Keeper's Signature and	Date



### FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1 Contributions	<sub>1a \$</sub> 11,500.00	<sub>1b</sub> \$ <u>13,000.00</u>
2. In-Kind Contributions	<sub>2a \$</sub> 2,177.00	<sub>2b</sub> \$ 2,177.00
3 TOTAL CONTRIBUTIONS	<sub>3a. \$</sub> 13,677.00	3b \$ 15,177.00
4 Itemized Expenditures	<sub>4a. \$</sub> 4,677.00	_
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	<sub>5a \$</sub> 0.00	_
6 TOTAL EXPENDITURES	<sub>6a. \$</sub> 4,677.00	6b. \$ 4,677.00
ВА	LANCE STATEMENT	
7 Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7 \$ 2,500.00	
8 Amount received during reporting period (Item 1a )	8 \$ 13,677.00	
9. SUBTOTAL Add lines 7 and 8	9 \$_16,177.00	_
10 Amount expended during reporting period (Item 6a)	10 \$ 4,677.00	
11 ENDING BALANCE	<sub>11 \$</sub> <u>11,500.00</u>	<u>*</u>
(Subtract line 10 from line 9)	* 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:  John J. Gleason Legal Defense Fund - 013		
Name and address of person or vendor paid		3. Purpose 4. Date 5 Amou		
Clark Hill PLC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226		Legal fees	04/21/2022	\$ <u>2,177.00</u>
John J. Gleason 604 Leland Street Flushing, MI 48433		Repayment of In-Kind Contributions	06/02/2022	\$ 2,500.00
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
		Page Subtotal Grand Total		\$ <u>4,677.00</u>
	(C	complete on last page of Schedule)		\$ 4,677.00 Forward to #3
Page 1 of 1				Summary Page



### ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

Enter contributor's name and address.	5. Amount	6. Amount (In-Kınd)	7. Cumulative
2. Name and Address:  J. Perez Construction Inc  2232 Davison Road  Flint, MI 48506  4. If over \$100.00 cumulative, please provide: Occupation:	\$ <u>1,000 00</u>	\$	\$ <u>1,000.00</u>
Employer: Place of Business:			
2. Name and Address:  L.A. Construction Corporation 3543 N. Linden Road Flint, MI 48504  3. Date of Receipt: 06/02/2022	\$ 3,500.00	\$	\$ <u>3,500.00</u>
4. If over \$100.00 cumulative, please provide: Occupation.			
Employer: Place of Business <sup>-</sup>			
2. Name and Address:  J. Perez Construction Inc.  2232 Davison Road  Flint, MI 48506  4. If over \$100.00 cumulative, please provide. Occupation:	\$ <u>5,000.00</u>	\$	\$ <u>6,000.00</u>
Employer Place of Business:			
2 Name and Address: 3 Date of Receipt 06/02/2022			
Robert L. Swartwood 11190 N. Linden Road Clio, MI 48420 4. If over \$100 00 cumulative, please provide: Occupation Attorney	\$ <u>1,500.00</u>	\$	\$ <u>1,500.00</u>
Employer Self-Employed Place of Business Clio			
2. Name and Address:  Oblive 3 Date of Receipt: 06/02/2022  Durga Property Holdings, Inc.  11320 Chester Road  Cincinnati, OH 45246  4. If over \$100.00 cumulative, please provide: Occupation:	\$ <u>500.00</u>	\$	\$ <u>500 00</u>
Employer Place of Business			
2. Name and Address  3. Date of Receipt: 04/21/2022  John J. Gleason 604 Leland St  Flushing, MI 48433  4. If over \$100.00 cumulative, please provide Occupation: Genesee County Clerk  Employer Genesee County  Place of Business Flint	\$	\$ <u>2,177 00</u>	\$ <u>2,177.00</u>
Page Subtotal.	\$ 11,500.00	\$ <u>2,177 00</u>	\$ <u>14,677</u> 00
Grand Total: (Complete on last page of Schedule)	\$ 11,500.00	\$ <u>2,177.00</u>	\$ <u>14,677 00</u>
Page1 of1	Forward to #1 Summary Page	Forward to #2 Summary Page	



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### LEGAL DEFENSE FUND COVER PAGE

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

and Official	
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 48633	2a Official's Full Name John J. Gleason  2b Official's Office: Genesee County Clerk
1d. Legal Defense Fund Phone (810) 964-1973	
3a Treasurer's Full Name John J. Gleason 3b, Treasurer's Residential Address 604 Leland Street Flushing, MI 48633	3c Treesurer's Business Address 604 Leland Street Flushing, MI 48633
	3d. Treasurer's Phone Number(s) (610) 964-1973
4a. Quarterly Transaction Report Covering.	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 the best of my\our knowledge and belief the contents an Official's Signature and Date:  Treasurer's/Designated Record Keeper's Signature and	Heason 3,21,23



### FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1 Contributions	<sub>1a</sub> \$ <u>1,500.00</u>	<sub>1b</sub> \$ 1,500.00
2. In-Kind Contributions	<sub>2a</sub> \$ <u>0.00</u>	<sub>2b. \$</sub> 0.00
3. TOTAL CONTRIBUTIONS	3a. \$ 1,500.00	<sub>3b \$</sub> 1,500.00
4 Itemized Expenditures	4a. \$ 0.00	_
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	<sub>5a \$</sub> 0.00	_
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	_ 6b. \$ 0.00
ВА	LANCE STATEMENT	
7 Ending Balance of last report filed (Enter zero if no previous reports have been filed )	7 \$ 1,000.00	
8 Amount received during reporting period (Item 1a)	8 \$ 1,500.00	
9. SUBTOTAL Add lines 7 and 8	9 \$_2,500.00	_
10 Amount expended during reporting period (Item 6a)	10 \$ 0.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11 \$ 2,500.00	*
(Sabilation to not mile of	* 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

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: 02/21/2022			
Store It All LLC			
5466 Genesee Road	\$ <u>1,500 00</u>	\$	\$ <u>1,500.00</u>
Flint, MI 48506			
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:			
2. Name and Address.	_		
		<b>•</b>	<b>.</b>
	\$	\$	<b>\$</b>
4. If over \$100.00 cumulative, please provide: Occupation	-		
Employer: Place of Business:			
2 Name and Address 3 Date of Receipt	_		
	<b>Q</b>	\$	\$
	Ψ	Ψ	Ψ
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 a very \$400.00 aumulative, places provides. Constrations			'
4 If over \$100 00 cumulative, please provide Occupation:	-		
Employer Place of Business:	. 6 1500.00	\$	\$ 1,500.00
Page Subtotal Grand Tota		Ψ	\$ 1,500.00
(Complete on last page of Schedule		\$	\$ 1,500.00
	Forward to #1 Summary	Forward to #2 Summary	
Page1of1	Page	Page	

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### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
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 48633	2a Official's Full Name John J. Gleason  2b Official's Office: Genesee County Clerk
1d Legal Defense Fund Phone (810) 964-1973	
3a Treasurer's Full Name John J. Gleason 3b Treasurer's Residential Address 604 Leland Street Flushing, MI 48633	3c Treasurer's Business Address 604 Leland Street Flushing, MI 48633
	3d Treasurer's Phone Number(s)· (610) 964-1973
4a Quarterly Transaction Report Covering  January 1 – March 31; Due: April 25th  April 1 – June 30; Due: July 26 <sup>th</sup> July 1 – September 30; Due: October 25th  October 1 – December 31; Due: January 25th  4b. X 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.
the best of my\our knowledge and bellef the contents at Official's Signature and Date	J. Maron 3,21,23
Treasurer's/Designated Record Keeper's Signature and	Date



### FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1 Contributions	<sub>1a</sub> \$ <u>1,000.00</u>	<sub>1b</sub> \$ 1,000.00
2. In-Kind Contributions	<sub>2a. \$</sub> 0.00	<sub>2b</sub> \$ 2,087.50
3. TOTAL CONTRIBUTIONS	<sub>3a \$</sub> 1,000.00	3b \$ 0.00
4. Itemized Expenditures	<sub>4a. \$</sub> 0.00	_
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	<sub>5a \$</sub> 0.00	_
6. TOTAL EXPENDITURES	6a \$ <u>0.00</u>	<sub>6b. \$</sub> 2,087.50
BA	LANCE 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 \$ 1,000.00	
9. SUBTOTAL Add lines 7 and 8	9 \$_1,000.00	_
10 Amount expended during reporting period (Item 6a)	10 \$ 0.00	
11 ENDING BALANCE	1,000.00	- -*
(Subtract line 10 from line 9)	* 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:

Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address.	3. Date of Receipt: 12/13/2021		,	
Atram Inc. G-2525 E Mt. Morris Rd.		ф 4 000 00	<u> </u>	\$1,000.00
Mt. Morris, MI 48458		\$ 1,000.00	\$	φ <u>1,000.00</u>
4. If over \$100.00 cumulative, please provide	. Occupation·			
Employer F	Place of Business:			
2 Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please provide:	Occupation:			
Employer P	Place of Business'			
2. Name and Address.	3. Date of Receipt.			
		\$	\$	\$
4. If over \$100.00 cumulative, please provide:	Occupation:			
Employer P	lace of Business:			
2 Name and Address:	3. Date of Receipt:			
		   \$	   \$	\$
4 If over \$100 00 cumulative, please provide	Occupation		`	-
Employer P	lace of Business			
2. Name and Address	3 Date of Receipt			<u> </u>
	,			
		\$	\$	\$
4. If over \$100.00 cumulative, please provide.	Occupation:			
Employer: P	lace of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4 If over \$100.00 cumulative, please provide:	Occupation:			
Employer: P	lace of Business <sup>.</sup>			
	Page Subtotal:	\$ 1,000.00	\$	\$ 1,000.00
	Grand Total: (Complete on last page of Schedule)	\$ 1,000.00	\$	\$ <u>1,000.00</u>
Page _ 1 _ of _ 1		Forward to #1 Summary Page	Forward to #2 Summary Page	



### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
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 48633	2a. Official's Full Name <sup>.</sup> John J. Gleason  2b Official's Office: <b>Genesee County Clerk</b>
1d Legal Defense Fund Phone (810) 964-1973  3a. Treasurer's Full Name	3c, Treasurer's Business Address
John J. Gleason  3b Tressurer's Residential Address  604 Leland Street  Flushing, MI 48633	604 Leland Street Flushing, MI 48633
	3d Treasurer's Phone Number(s): (810) 964-1973
4a. Quarterly Transaction Report Covering  The January 1 - March 31; Due: April 25th  April 1 - June 30; Due: July 25 <sup>th</sup>	6. Dissolution of Legal Defense Fund.  Effective Date of Dissolution
☑ July 1 - September 30; Due: October 25th	<u> </u>
Cotober 1 – December 31; Due: January 25th	By checking this item, ItWe certify that the Legal Defense Fund has no assets or outstanding debts, including late filling fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.
4b. X Amendment to Transaction Report: also mark (4a) to Indicate which Report is being amended)	
Verification: I/We certify that all reasonable diligence the best of my/our knowledge and belief the contents and belief the contents are contents.	was used in the preparation of this statement and attached schedules (if any) and to e true, accurate and complete
Official's Signature and Date	Meanon 3121123
Treasurer's/Designated Record Keeper's Signature and	Date: 3/2/1/23



### FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year		
1 Contributions	1a \$ 0.00	1b \$ 0.00		
2. In-Kınd Contributions	2a \$ 0.00	<sub>2b</sub> \$ 2,087.50		
3 TOTAL CONTRIBUTIONS	3a \$ 0.00	<sub>3b. \$</sub> 2,087.50		
Itemized Expenditures	4a \$ 0.00			
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	<sub>5a \$</sub> 0.00			
6 TOTAL EXPENDITURES	6a \$ 0.00	<sub>6b. \$</sub> 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	11 \$ 0.00			
(Subtract line 10 from line 9)	* The ending balance must always be a positiv	e number.		



### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
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 48633	2a. Official's Full Name John J. Gleason 2b Official's Office: Genesee County Clerk
1d Legal Defense Fund Phone. (810) 964-1973	
3a. Treasurer's Full Name.  John J. Gleason  3b. Treasurer's Residential Address  604 Leland Street Flushing, MI 48633	3c. Treasurer's Business Address 604 Leland Street Flushing, MI 48633
	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 25 <sup>th</sup> July 1 – September 30; Due: October 25th  October 1 – December 31; Due: January 25th  4b X 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: ItWe certify that all reasonable diligence the best of my\our knowledge and belief the contents at Official's Signature and Date	was used in the preparation of this statement and attached schedules (if any) and to the true, accurate and complete.  3 12/123  Date: 3 12/123
Treasurer's/Designated Record Keeper's Signature and	Date 3/21/23



### FOR OFFICIAL USE ONLY

1a \$ <u>0.00</u>	1b \$ 0.00
<sub>2a</sub> \$ 2,087.50	<sub>2b. \$</sub> 2,087.50
<sub>3a \$</sub> 2,087.50	<sub>3b. \$</sub> 2,087.50
<sub>4a. \$</sub> 2,087.50	
<sub>5a \$</sub> 0.00	
6a. \$ 2,087.50	<sub>6b. \$</sub> 2,087.50
LANCE STATEMENT	
7 \$ 0.00	
8 \$ 2,087.50	
9. \$_2,087.50	
10 \$ 2,087.50	
11.\$ 0.00	
* The ending balance must always be a po	sitive number.
	2a \$ 2,087.50 3a \$ 2,087.50 4a. \$ 2,087.50 5a \$ 0.00 6a. \$ 2,087.50 ALANCE STATEMENT  7 \$ 0.00  8 \$ 2,087.50  9. \$ 2,087.50  10 \$ 2,087.50



### 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. 11/13/2020			
John J. Gleason			
604 Leland Street	\$	\$ <u>2,087.50</u>	\$ <u>2,087 50</u>
Flushing, MI 48633  4 If over \$100 00 cumulative, please provide: Occupation Genesee County Clerk			
Genesee County			
Employer: Genesee County Place of Business: Flint			
2 Name and Address 3 Date of Receipt:			
		\$	e e
	<b>a</b> ———	Ψ	Ψ
4. If over \$100.00 cumulative, please provide: Occupation			
Employer Place of Business			
Name and Address:     3. Date of Receipt:			
,			
	e e	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation	Ψ	Ψ	Ψ <u> </u>
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:	\$	\$ 2,087.50	\$ 2,087 50
Grand Total:			-
(Complete on last page of Schedule)	\$	\$ 2,087.50	\$ <u>2,087.50</u>
Page _ 1 _ of _ 1 _	Forward to #1 Summary	Forward to #2 Summary	
raye oi	Page	Page	



# ITEMIZED EXPENDITURES SCHEDULE 2

1. Legal Defense Fund I.D. Number and Name: John I Glesson Legal Defense Fund - 013

SCHEDULE 2 LEGAL DEFENSE FUND	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	05/28/2021	\$ 2,087.50	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
	Page Subtotal		\$ <u>2,087.50</u>	
	Grand Total (Complete on last page of Schedule)		\$ 2,087.50	
Page 1 of 1			Forward to #3 Summary Page	

### 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

and Official	
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 48633	2a Official's Full Name· John J. Gleason 2b, Official's Office· Genesee County Clerk
1d Legal Defense Fund Phone (810) 964-1973	
3a. Treasurer's Full Name; John J. Gleason 3b Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633	3c. Treasurer's Business Address 604 Leland Street Flushing, MI 48633
	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 25 <sup>th</sup>   July 1 - September 30; Due: October 25th   October 1 - December 31; Due: January 25th  4b   Amendment to Transaction Report also mark (4e) to indicate which Report is being amended)	5 Dissolution of Legal Defense Fund  Effective Date of Dissolution
6 Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents are	was used in the preparation of this statement and attached schedules (if any) and to e true, accurate and complete.
Official's Signature and Date:	Dete:
Treasurer's/Designated Record Keeper's Signature and	Date: 3/21/23



### FOR OFFICIAL USE ONLY

### **Summary Page**

	Column I This Period	Column II Cumulative Calendar Year
1 Contributions	1a \$ <u>0.00</u>	<sub>1b</sub> \$ 0.00
2. In-Kınd Contributions	2a. \$ 0.00	<sub>2b</sub> \$ 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)	<sub>5a</sub> \$ <u>0.00</u>	
6 TOTAL EXPENDITURES	6a \$ 0.00	6b \$ 0.00
BAL	ANCE 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	11 \$ 0.00	
(Subtract line 10 from line 9)	* The ending balance must always be a positive	number.



#### LEGAL DEFENSE FUND COVER PAGE

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

and Official,	
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 48633	2a Official's Full Name John J. Gleason 2b. Official's Office; Genesee County Clerk
1d. Legal Defense Fund Phone (810) 964-1973	
3a. Treasurer's Full Name.  John J. Gleason  3b Treasurer's Residential Address:  604 Leland Street  Flushing, MI 48633	3c. Treasurer's Business Address 604 Leland Street Flushing, MI 48633
	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 25 <sup>th</sup> July 1 – September 30; Due: October 25th  Clober 1 – December 31; Due: January 25th  April 2 – December 31; Due: January 25th  April 3 – December 31; Due: January 25th	5 Dissolution of Legal Defense Fund.  Effective Date of Dissolution /  By checking this item, f(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 the best of my\our knowledge and belief the contents ar	was used in the preparation of this statement and attached schedules (if any) and to
Official's Signature and Date	Heason 3,21,23
Treasurer's/Designated Record Keeper's Signature and	Date'



### FOR OFFICIAL USE ONLY

### **Summary Page**

	Column I This Period	Column II Cumulative Calendar Year
1 Contributions	<sub>1a</sub> \$ <u>0.00</u>	1b \$ 0.00
2 In-Kind Contributions	<sub>2a. \$</sub> 2,200.00	<sub>2b. \$</sub> 7,177.00
3 TOTAL CONTRIBUTIONS	<sub>3a. \$</sub> 2,200.00	<sub>3b. \$</sub> 7,177.00
4 Itemized Expenditures	<sub>4a. \$</sub> 2,200.00	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	<sub>5a \$</sub> 0.00	
6. TOTAL EXPENDITURES	<sub>6a \$</sub> 2,200.00	6b \$ 7,177.00
ВА	LANCE 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 \$ 2,200.00	
9 SUBTOTAL Add lines 7 and 8	9. \$_2,200.00	
10 Amount expended during reporting period (Item 6a)	10 \$ 2,200.00	_
11. ENDING BALANCE (Subtract line 10 from line 9)	11.\$ 0.00	*
(Cabildot into 10 Holl line o)	* 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<sup>1</sup>

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: 11/13/2020			
John J. Gleason			
604 Leland Street	\$	\$ <u>2,200.00</u>	\$ <u>7,177 00</u>
Flushing, MI 48633  4 If over \$100.00 cumulative, please provide Occupation: Genesee County Clerk			
Employer: Genesee County  Place of Business. Flint			
2 Name and Address. 3. Date of Receipt			
	•	\$	\$
	<b>a</b>	Ψ	Φ
4. If over \$100.00 cumulative, please provide. Occupation:			II
Employer: Place of Business			
Name and Address:     3. Date of Receipt:			
	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation	Ψ	<b>T</b>	Ψ
	1		
Employer: Place of Business <sup>-</sup>			
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	\$ <u>7,177 00</u>
Grand Total: (Complete on last page of Schedule)	¢	\$ 2,200 00	§ 7,177.00
(Complete on last page of Schedule)	Forward to	Forward to	φ <u>-,</u>
Page1 of1	#1 Summary Page	#2 Summary Page	



## ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND

SCHEDULE 2 LEGAL DEFENSE FUND	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	11/13/2020	\$ 2,200.00	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
	Page Subtotal		\$ 2,200.00	
	Grand Total (Complete on last page of Schedule)		\$ 2,200.00	
Page 1 of 1			Forward to #3 Summary Page	



#### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	,
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 48633	2a Official's Full Name: John J. Gleason  2b. Official's Office: Genesee County Clerk
1d. Legal Defense Fund Phone (810) 964-1973	
3a. Treasurer's Full Name John J. Gleason 3b Treasurer's Residential Address' 604 Leland Street Flushing, MI 48633	3c. Treasurer's Business Address 604 Leland Street Flushing, MI 48633
	3 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  4b. X Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	5 Dissolution of Legal Defense Fund  Effective Date of Dissolution
6 Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents ar  Official's Signature and Date:  Treasurer's/Designated Record Keeper's Signature and	Meason 3,21,23



### FOR OFFICIAL USE ONLY

### **Summary Page**

	Column I This Period	Column II Cumulative Calendar Year
1 Contributions	1a \$ <u>0.00</u>	1b \$ 0.00
2 In-Kind Contributions	<sub>2a. \$</sub> 4,977.00	<sub>2b</sub> \$ 4,977.00
3 TOTAL CONTRIBUTIONS	<sub>3a. \$</sub> 4,977.00	<sub>3b</sub> \$ 4,977.00
4 Itemized Expenditures	<sub>4a. \$</sub> 4,977.00	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	<sub>5a \$</sub> 0.00	
6 TOTAL EXPENDITURES	6a \$ 4,977.00	6b. \$ 4,977.00
BAL	ANCE 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 \$ 4,977.00	
9 SUBTOTAL Add lines 7 and 8	9 \$_4,977.00	
10 Amount expended during reporting period (Item 6a )	10 \$ 4,977.00	
11 ENDING BALANCE	11. \$ 0.00 *	
(Subtract line 10 from line 9)	* The ending balance must always be a po	sitive 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: 09/10/2020			
John J. Gleason			_
604 Leland Street Flushing, MI 48633	\$	\$ <u>4,977 00</u>	\$ <u>4,977.00</u>
4. If over \$100 00 cumulative, please provide: Occupation Genesee County Clerk			
Employer: Genesee County Place of Business: Flint			
2 Name and Address: 3. Date of Receipt			
		\$	\$
	\$	Ф	Φ
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)	\$	\$ <u>4,977.00</u>	\$ <u>4,977.00</u>
_ 1 . 1	Forward to #1 Summary	Forward to #2 Summary	
Page1 of1	Page	Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		Legal Defense Fund I.D. Number and Name: ohn J. Gleason Legal Defense Fund - 013		
2. Name and address of person or vendor paid		3. Purpose 4. Date 5. Ar		
Clark Hill PLC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226		Legal fees	09/10/2020	\$ 4,977.00
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
		Page Subtotal		\$ 4,977.00
	(Co	Grand Total omplete on last page of Schedule)		\$ <u>4,977.00</u>
Page 1 of 1				Forward to #3 Summary Page



#### LEGAL DEFENSE FUND COVER PAGE

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

AUG AUGAI	
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 48633	2a. Official's Full Name John J. Gleason 2b. Official's Office. Genesee County Clerk
1d Legal Defense Fund Phone (810) 964-1973	,
3a Treasurer's Full Name. John J. Gleason 3b. Treasurer's Residential Address 604 Leland Street Flushing, MI 48633	3c Treasurer's Business Address' 604 Leland Street Flushing, MI 48633
	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 25 <sup>th</sup> July 1 – September 30; Due: October 25th  October 1 – December 31; Due: January 25th  4b. X Amendment to Transaction Report also mark (4a) to indicate which Report is being amended)	5. Dissolution of Legal Defense Fund.  Effective Date of Dissolution  ———————————————————————————————————
6, Verification: I/We certify that all reasonable diligence the best of my/our knowledge and belief the contents ar Official's Signature and Date:	Hloson 3,21,23
Treasurer's/Designated Record Keeper's Signature and	Date: 3/2//23



### FOR OFFICIAL USE ONLY

### **Summary Page**

	This Period	Column II Cumulative Calendar Year
1 Contributions	1a \$ <u>0.00</u>	1b \$ 0.00
2. In-Kınd Contributions	2a \$ 0.00	<sub>2b</sub> \$ 0.00
3. TOTAL CONTRIBUTIONS	3a \$ 0.00	3b. \$ 0.00
Itemized Expenditures	4a \$ 0.00	
5 Unitemized Expenditures (less than \$50 01 each - no Schedule)	<sub>5a</sub> \$ 0.00	
6 TOTAL EXPENDITURES	6a \$ <u>0.00</u>	6b \$ 0.00
BAI	ANCE 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	11 \$ 0.00	
(Subtract line 10 from line 9)	* The ending balance must always be a positive	number



### ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION 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):  Governor State Senator WSU Trustee Circuit Court Specify:  Sec of State State Bd. of Ed Attorney General UoffM Reg.  State Senator MSU Trustee Circuit Court Specify:  Probate Court Municipal Court
5b. District/Circuit # or Jurisdiction:  6. A description of the criminal, civil or administrative action at issue:
G. A description of the criminal, civil of 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-mall 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 pest of my/oyfr knowledge or belief.
Public Official Signature. South Aleson 3 19 123
Current Treasurer Signature John Slavon 3 19 123



### Received via disclosure@michigan.gov 10/17/2022

#### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
1a. Legal Defense Fund I.D. Number: 013  1b. Legal Defense Fund Name:	2a. Official's Full Name: John J. Gleason
John J. Gleason Legal Defense Fund 1c. Legal Defense Fund Address:	2b. Official's Office: Genessee County Clerk
604 Leland Street Flushing, MI 48663	
1d. Legal Defense Fund Phone: (810) 964-1956	
3a. Treasurer's Full Name:	3c. Treasurer's Business Address:
Karen L. Gleason	604 Leland Street
3b. Treasurer's Residential Address:	Flushing, MI 48633
604 Leland Street Flushing, MI 48633	
	3d. Treasurer's Phone Number(s); (810) 964-1956
4a. Quarterly Transaction Report Covering:	
☐ January 1 - March 31; Due: April 25th	5. Dissolution of Legal Defense Fund:
April 1 – June 30; Due: July 25 <sup>th</sup>	Effective Date of Dissolution
July 1 – September 30; Due: October 25th	
October 1 - December 31; Due: January 25th	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)	rage.
6. Verification: I\We certify that all reasonable diligence w the best of my\our knowledge and belief the contents are	as used in the preparation of this statement and attached schedules (if any) and to true, accurate and complete.
Official's Signature and Date:	Meason 10,15,22 ate: Crent Moder 1,15,22
reasurer's/Designated Record Keeper's Signature and D	ate: Crent Wloabor 1,15,22

Due 10-25

### ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

013 John Gleason LDF

	Oreac		
Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address:  Henry Tannenbaum  521 W. Court ST.  71int, Mi 48503	\$ 750	\$	\$ <sup>750</sup>
4. If over \$100.00 cumulative, please provide: Occupation: Business man			
Employer: Self Place of Business: 1/iu+			
2. Name and Address:  Genesee Land lords ASSOC. PAC  2540 S. Grand Traverse  71:Nt, Mi 48503	\$ 500	\$	\$ 500
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
2. Name and Address:  Jack Petrick  18519 Martins Ln.  Strongs w: We will 44149  4. If over \$100.00 cumulative, please provide: Occupation: Real Estate  Employer: Self Place of Business: Trongswille	\$ <i>300</i> 0.	\$	\$30000
2. Name and Address:  Michael Jaubran  22.59 Bridgenoor Cf  Burton, M: 48509  4. If over \$100.00 cumulative, please provide: Occupation: Business MAN  Employer: Self  Place of Business: Genege, Mi	\$ <u>/000</u>	\$	\$ <del>90</del> 00.0
2. Name and Address:  Mither Journan  2259 Bridgemor Ct  Burton, M  48509  4. If over \$100.00 cumulative, please provide: Occupation: Business: Grupe, Mi  Employer: Self  Place of Business: Grupe, Mi	\$ <u>2000</u>	\$	\$11,000
2. Name and Address:  Michael Jarban  2259 Bridge moorCt.  Burton, Mi  48509  4. If over \$100.00 cumulative, please provide: Occupation: Business General Mi  Employer: Self  Place of Business General, Mi	\$ <u>/000.</u>	\$	\$12,000
Page Subtotal:	\$8250,00	\$	\$
Grand Total: (Complete on last page of Schedule)	\$8300.00	\$	\$
Page of	Forward to #1 Summary Page	Forward to #2 Summary Page	



## ITEMIZED CONTRIBUTIONS

SCHEDULE 1	1. Legal Deletise Full			
LEGAL DEFENSE FUND	0/3 John	1 (Heas	01 42	F
Enter contributor's name and address.	***************************************	5. Amount	6. Amount (in-Kind)	7. Cumulative
ANDREW SUSKI 22BU Western meadow Do 7/UShing, Ui 48433 4. If over \$100.00 cumulative, please provide: Occup	Date of Receipt: 1-25-2 Dation: CAR Dealer Business: Birch Rum Mi	\$ 500	<b>\$</b>	\$500
2. Name and Address:  Gregory Childles  7438 Timber leact  21: Nt. Mi 48732  4. If over \$100.00 cumulative, please provide: Occup	3. Date of Receipt: <u>/ つみターよン</u>	\$ 500	\$	\$500
2. Name and Address:  Kumar Vens(apl)i  3299 Bridge Stone Ct  cinnc: nati, ot 1/5248  4. If over \$100.00 cumulative, please provide: Occup	3. Date of Receipt: <u>ハ スタース</u>	\$ 500	\$	\$ <u>2000</u>
4. If over \$100.00 cumulative, please provide: Occup	pation:	\$	\$	\$
	Date of Receipt:	\$	\$	\$
	Date of Receipt:	\$	\$	\$
	Page Subtotal:	\$1500	\$	\$
(Com	Grand Total: aplete on last page of Schedule	Forward to #1 Summary Page	\$ Forward to #2 Summary Page	\$300 <u>0</u>



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	1	Legal Defense Fund I.D. Number		LDF
2. Name and address of person or vendor paid		3. Purpose	4. Date	5. Amount
CIARK Hill PLC 500 wood ward Ave. STE Detroit, Mi 48226	3.	soo hesaf fees	9-8-22	\$ 12,245.00
				\$
				\$
				\$
				\$
				\$
				\$
			-	\$
				\$
				\$
				\$
		Page Subtota		\$
	(C	Grand Total omplete on last page of Schedule		\$12,245.0
Pageof				Forward to #3 Summary Page



#### LEGAL DEFENSE FUND SUMMARY PAGE

**Clear Form** 

### FOR OFFICIAL USE ONLY

### **Summary Page**

	Column I This Period	Cumulative Calendar Year				
1. Contributions	1a. \$ 9,750.00	1b. \$ 50, 750.00				
2. In-Kind Contributions	2a. \$	2b. \$				
3. TOTAL CONTRIBUTIONS	3a. \$ 9.750.00	3b. \$ 50, 750.				
4. Itemized Expenditures	4a. \$ 12, 245.00	,				
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$					
6. TOTAL EXPENDITURES	6a. \$ 12, 245,00	6b. \$ 23,686.50				
BA	BALANCE STATEMENT					
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	7. \$ 4/; 000-00					
8. Amount received during reporting period (Item 1a.)	8. \$ 9,750.00	•				
9. SUBTOTAL Add lines 7 and 8	9. \$ 50, 750.00					
10. Amount expended during reporting period (Item 6a.)	10.\$ 12,245,00					
11. ENDING BALANCE	11.\$ 38, 995 00 *					
(Subtract line 10 from line 9)	* The ending balance must always be a positive	number.				





#### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
1a. Legal Defense Fund I.D. Number:	2a. Official's Full Name: John J. Gleason
1b. Legal Defense Fund Name:	
John J. Gleason LDF	2b. Official's Office:
1c. Legal Defense Fund Address:	Genesee County Clerk/Rejuter
604 Leland St	( )
Flushing, Mi	
48433	
10755	
1d. Legal Defense Fund Phone: \$10964-1973	
	Address.
3a. Treasurer's Full Name:  KAREN 4. Gleasen	3c. Treasurer's Business Address:
THE STEADON	
3b. Treasurer's Residential Address:	
604 Leland St	
Floshing, Mi	
48433	3d. Treasurer's Phone Number(s): 810 96 4 195 4
4a. Quarterly Transaction Report Covering:	
-a. Quarterly Harroadton Report Servering	5. Dissolution of Legal Defense Fund:
January 1 – March 31; Due: April 25th	Effective Date of Dissolution
April 1 – June 30; Due: July 25 <sup>th</sup>	Ellostro Bato o Biocaria
☐ July 1 – September 30; Due: October 25th	By checking this item, I/We certify that the Legal Defense Fund has no assets or
October 1 - December 31; Due: January 25th	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	age.
(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 a	re true, accurate and complete.
$\wedge \wedge \wedge$	0.1
Officially Signature and Date:	7,18,22
Official's Signature and Date:	· · · · · · · · · · · · · · · · · · ·
	11/1 2 7/200
Treasurer's/Designated Record Keeper's Signature and	Date: HAND IN Calcon (18,00
Treasurer arbeargnated record reception originature and	17000



### ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: 6-2	7		
Kumar Vemulaplli	5.00		560
3299 Bridgestone C+ Cincinciti, OH 45248 Roll Estate	\$ 500	\$	\$ 500
4. If over \$100.00 cumulative, please provide: Occupation: Real EstatE			
Employer: Self Place of Business: Cincinati, OH			
2. Name and Address: 3. Date of Receipt: 4-2			
Josemarie Perez 83 S. Basset Rd.	_		. ~
Lapeer, M. 48446	\$ 5000	\$	\$ 5000
4. If over \$100.00 cumulative, please provide: Occupation: Builder			
Employer: Self Place of Business: 71:0+, Mi		A	
Name and Address:     3. Date of Receipt:		Management of the same of the	
Jenoveva Perez			
83 S. Basset Rd.	\$1000	\$	\$1000
4. If over \$100.00 cumulative, please provide: Occupation: Book Keeper		-	
Employer: Self Place of Business: 71; Nt Mi		<b>1</b>	
2. Name and Address:  3. Date of Receipt: 4-2			
LARRY Adkius.		^	
5621 Sandy Gra Columbia ville Mi			
48421	\$3500	\$	\$ 3500
4. If over \$100.00 cumulative, please provide: Occupation: Construction			
Employer: Self Place of Business: 71:04, 4:			
Name and Address:     3. Date of Receipt:			
Robert Swartwood			
C1.0 M: 48420	\$1500	\$	\$1500
4. If over \$100.00 cumulative, please provide: Occupation: Attorney  Employer: Self Place of Business: Clio, Gi			
Employer: Self Place of Business: Clio, 4i			
2. Name and Address:  Some of Receipt: 4-7-72  Komar Vemo (40//)			
3299 Bridge Stone Ct.	. 4		
3299 Bridge Stone Ct. Clasinati, DH 45248	\$ 500	\$	\$ 1000
4. If over \$100.00 cumulative, please provide: Occupation: Real & SHATE			
Employer: Self Place of Business: Cincimati, Off.			
Page Subtotal:	\$12000	\$	\$11,500
Grand Total: (Complete on last page of Schedule)	\$	\$	\$
(30)	Forward to	Forward to	AND PROPERTY OF THE PROPERTY O
Page of	#1 Summary Page	#2 Summary Page	



### ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address:  William Bain  8101 Coldworter Dd  7105hing, Miusy33  4. If over \$100.00 cumulative, please provide: Occupation: Detined	\$ 250	\$	\$250
Employer: Place of Business:			
2. Name and Address:  MARTIN CORCORAN  (22 Bloom Field C+Apt 102  Birming ham, Mi  18009  4. If over \$100.00 cumulative, please provide: Occupation: Builder	\$ 1300	\$	\$_1300
Employer: Self Place of Business: M+ MORRIS			
2. Name and Address:  Mile Joubhan  2259 Ridge Moor CH  Buston, Mi  4850 9  4. If over \$100.00 cumulative, please provide: Occupation: Business: Flist, Mi  Employer: Salf  Place of Business: Flist, Mi	\$8000	\$	\$8000
2. Name and Address: 3. Date of Receipt: 4-17			
ART Abue: ta 10087 Bray Rd Clio, Mi 18420  4. If over \$100.00 cumulative, please provide: Occupation: Business owner	\$ 4000	\$	\$ 4000
Employer: Place of Business: U+ MORRIS.			
2. Name and Address:  Dom Goyette  13121 Log Cabio Pt.  Fentom, M:  48430  4. If over \$100.00 cumulative, please provide: Occupation: Business owner  Employer: Self Place of Business: Flint, M:	\$ /0000	\$	\$10000
2. Name and Address:  Attended Javbran  3. Date of Receipt: 6-22  3. Date of Receipt: 6-22  3. Date of Receipt: 6-22  4. If over \$100.00 cumulative, please provide: Occupation: Business owner  Employer: 6-16  Place of Business: 21:04	\$ /000	\$	\$ /000
Place of Business:Page Subtotal:	\$14550	\$	\$4550
Grand Total:  (Complete on last page of Schedule)	\$24550	\$	\$44550
Page of	Forward to #1 Summary Page	Forward to #2 Summary Page	



### ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address:  Kumar Vemulaplli  3299 Bridgestone C+  Cincination olt  45248	\$ 500	\$	\$ 500
4. If over \$100.00 cumulative, please provide: Occupation: Real EstatE			
Employer: Self Place of Business: Cicinati, 014			
2. Name and Address:  Shilip Hart  2189 E Frances RO  Clio, Mi 119420	\$ 1000	\$	\$ 1000
4. If over \$100.00 cumulative, please provide: Occupation: Palice Che. +			
Employer (Sentre Tup Place of Business: Mr Morris			
2. Name and Address:  MARY Coswell  P.o. Box 34  Hishland, Mi  18357	\$ <u>250</u>	\$	\$ 250
4. If over \$100.00 cumulative, please provide: Occupation: Red EstatE			
Employer: Self Place of Business: Highland Mi			
2. Name and Address:  Robert Brooks  \$103 w. Dods-e Receipt:  Cib, Mi UBURE  4. If over \$100.00 cumulative, please provide: Occupation: Retired Police	\$706	\$	\$ <u>700</u>
Employer: Place of Business:			
Name and Address:     3. Date of Receipt:	\$	\$	\$
If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
Name and Address:     3. Date of Receipt:	•	•	
	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			<b>A</b> 2
Page Subtotal:  Grand Total:	\$2450	\$	\$3450
(Complete on last page of Schedule)	\$39500	\$	\$39500
Page of	Forward to #1 Summary Page	Forward to #2 Summary Page	





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### **Summary Page**

	Column I This Period	Column II Cumulative Calendar Year	
1. Contributions	1a. \$ 37500	1b. \$ 41,000	
2. In-Kind Contributions	2a. \$	2b. \$	
3. TOTAL CONTRIBUTIONS	3a. \$ 3 <b>9</b> , 500	3b. \$ 37,500	
Itemized Expenditures	4a. \$ #,441.50	11441,50	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	11441.50	
6. TOTAL EXPENDITURES	6a. \$ <u>11, 441. 50</u>	6b. \$ 11,441.50 O	
BALANCE STATEMENT			
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	7. \$ 1500.00		
Amount received during reporting period (Item 1a.)	8. \$ 39560		
9. SUBTOTAL Add lines 7 and 8	9. \$_41,000		
10. Amount expended during reporting period (Item 6a.)	10.\$		
11. ENDING BALANCE (Subtract line 10 from line 9)	11.\$ 41,000 *		
(Subtract line 10 Hottline 3)	* The ending balance must always be a positive	number.	
	I management to the control of the c		



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

#### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
1a. Legal Defense Fund I.D. Number: O 13	2a. Official's Full Name: John J. Gleason
1b. Legal Defense Fund Name:  John J. Gleason Legal  Defense Fund  1c. Legal Defense Fund Address:  604 Leland St.  7/UShin; M.  48=133	2b. Official's Office:  Genesee County Clerk
1d. Legal Defense Fund Phone: 810 864 1954	
3a. Treasurer's Full Name:  KAREN L. Gleason  3b. Treasurer's Residential Address:  GOY GELAND ST  TOSKING, MI  48433  4a. Quarterly Transaction Report Covering:  Manuary 1 – March 31; Due: April 25th  April 1 – June 30; Due: July 25th  July 1 – September 30; Due: October 25th  October 1 – December 31; Due: January 25th  4b. Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	3c. Treasurer's Business Address:  (604 Leland St  Tloshing Hi  48433  3d. Treasurer's Phone Number(s): 8107641756  5. Dissolution of Legal Defense Fund:  Effective Date of Dissolution
6. Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents an	was used in the preparation of this statement and attached schedules (if any) and to re true, accurate and complete.
Official's Signature and Date:	Messon 4,22,22
Treasurer's/Designated Record Keeper's Signature and	Date:



### FOR OFFICIAL USE ONLY

Column II

### **Summary Page**

Column I

_	I			
1a. \$ <u>3/77</u> 3677	1b. \$ 3,677			
2a. \$	2b. \$			
3a. \$3, 677	3b. \$ <u>3, 677</u>			
4a. \$				
5a. \$				
6a. \$ _ 2,177	6b. \$ 2177			
BALANCE STATEMENT				
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)  7. \$ 9, 244.50				
8. \$ _3, 677				
OTAL Add lines 7 and 8 9. \$ 12 941. 50				
10.\$				
11.8 10764.50				
(Subtract line 10 from line 9)  * The ending balance must always be a positive number.				
	2a. \$ 3a. \$			



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Number and Name:			
2. Name and address of person or vendor paid	<b>!</b>	3. Purpose	4. Date	5. Amount
Clark Hill PlC SOO Woodward Ave Suite 3500 Setroit, Mi 48226		hegal Fees	4-21-22	\$ 2,177
				\$
			-	\$
				\$
				\$
				\$
				\$
				\$
				\$
·				\$
				\$
		Page Subtotal		\$ 2,177
,	(C	Grand Total complete on last page of Schedule)		\$ 2, 177
Page 2 of 2				Forward to #3 Summary Page





### ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address:  Mikael Jaubran  2259 Ridsemoor Ct  Burton, Mi 48509	\$ 1,500	\$	\$ <u>1,500</u>
4. If over \$100.00 cumulative, please provide: Occupation: Business man			
Employer: <u>Self</u> Place of Business: Genesee Tup			
2. Name and Address:  3. Date of Receipt: 4/21-22  John J. Gheusen  God haland St  Flushing  4. If over \$100.00 cumulative, please provide: Occupation: Clerk	\$ 2177	. \$	\$ <u>11,441.50</u>
Employer: Genese County Place of Business: Genese Co.			
2. Name and Address:  3. Date of Receipt:		<u> </u>	
4. If over \$100.00 cumulative, please provide: Occupation:	\$	\$	\$
Employer: Place of Business:  2. Name and Address: 3. Date of Receipt:			<u> </u>
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:	07:-2		
Page Subtotal:	\$3,677	\$	\$12.941.50
Grand Total: (Complete on last page of Schedule)	\$3677	\$	\$ 12941.50
Page	Forward to #1 Summary Page	Forward to #2 Summary Page	



#### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
1a. Legal Defense Fund I.D. Number:	2a. Official's Full Name:  John J. Gleason
1b. Legal Defense Fund Name:  John J Gleason Legal  Defense Fund  1c. Legal Defense Fund Address:  604 Leland 5+	2b. Official's Office:  Geneses County Clark
7/Ushiny, Mi 48433	
1d. Legal Defense Fund Phone: 8W964-1956	
3a. Treasurer's Full Name: KAREN Gleason	3c. Treasurer's Business Address:
3b. Treasurer's Residential Address:  604 Leland St  7105hing, Mi	Flushing, Mi 48433
48433	3d. Treasurer's Phone Number(s): 80 964 - 1973
4a. Quarterly Transaction Report Covering:  January 1 – March 31; Due: April 25th	5. Dissolution of Legal Defense Fund:  Effective Date of Dissolution
April 1 – June 30; Due: July 25 <sup>th</sup>	Effective Date of Dissolution
July 1 – September 30; Due: October 25th	/
October 1 – December 31; Due: January 25th	By checking this item, IWe 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)	
Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents a	was used in the preparation of this statement and attached schedules (if any) and to re true, accurate and complete.
Official's Signature and Date:	Heasen 1,23,22
Treasurer's/Designated Record Keeper's Signature and	Date Mund. William 23,22



#### FOR OFFICIAL USE ONLY

#### **Summary Page**

	Column I	Column II	
	This Period	Cumulative Calendar Year	
1. Contributions	1a. \$	1b. \$	
2. In-Kind Contributions	2a. \$	2b. \$	
3. TOTAL CONTRIBUTIONS	3a. \$	3b. \$	
4. Itemized Expenditures	4a. \$		
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$		
6. TOTAL EXPENDITURES	6a. \$	6b. \$	
BALANCE STATEMENT			
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	7. \$ 9, 264.50		
Amount received during reporting period (Item 1a.)	8. \$		
9. SUBTOTAL Add lines 7 and 8	9. \$ 9, 264,50		
10. Amount expended during reporting period (Item 6a.)	10.\$		
11. ENDING BALANCE (Subtract line 10 from line 9)	11.\$ <u>7, 269,50</u> *		
(	* The ending balance must always be a positive	e number.	

NO Activity
This Period.
ThANKS



#### LEGAL DEFENSE FUND COVER PAGE

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

and Official,	
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) 964-1958	
3a. Treasurer's Full Name: Karen L. Gleason 3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633	3c. Treasurer's Business Address: 604 Leland Street Flushing, Mi 48633
	3d. Treasurer's Phone Number(s): (810) 954-1956
4s. Quarterly Transaction Report Covering:    January 1 March 31; Due: April 25th   April 1 June 30; Due: July 25 <sup>th</sup>   July 1 September 30; Due: October 25th   October 1 December 31; Due: January 25th   4b.   Amendment to Transaction Report: also mark (4s) to Indicate which Report is being amended)	Effective Date of Dissolution
Official's Signature and Date:	J. Heaven 10, 25, 21
Freasurer's/Designated Record Keeper's Signature and E	Date: 7 INUMYTALL AND IV 103 d



### FOR OFFICIAL USE ONLY

### **Summary Page**

1. Contributions 2. In-Kind Contributions 3. TOTAL CONTRIBUTIONS 4. Itemized Expenditures 5. Unitemized Expenditures (less than \$50.01 each - no Schedule) 6. TOTAL EXPENDITURES	Column I This Period  1a. \$
BAI	LANCE STATEMENT
Ending Belance of last report filed     (Enter zero if no previous reports have been filed.)	7.59, 264.50
8. Amount received during reporting period (item 1a.)	8. \$
9. SUBTOTAL Add lines 7 and 8	0. 59, 264.50
10. Amount expended during reporting period (item 6e.)	10.\$ 🔘
11. ENDING BALANCE (Subtract line 10 from line 9)	11.8 9, 264, 50
	* The ending balance must always be a positive number.

NO Actionty this
Period!
Thanks



### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
1a. Legal Defense Fund I.D. Number: 0/3	2a. Official's Full Name: John J. Gleason
1b. Legal Defense Fund Name:  John J. Gleard & DF  1c. Legal Defense Fund Address:  LOGY Le land St.  Flushing, Mil  48433  1d. Legal Defense Fund Phone: 810964-1973	2b. Official's Office: Genesia County Clerk/ Legistor
3a. Treasurer's Full Name:  KARENL - G-/earon	3c. Treasurer's Business Address:
3b. Treasurer's Residential Address:  604 Leland 54  Flushing Mi 48433	8/06/10/10
4a Oustala Tarres III - Day 10	3d. Treasurer's Phone Number(s): 810964-1954
4a. Quarterly Transaction Report Covering:  ☐ January 1 March 31; Due: April 25th	5. Dissolution of Legal Defense Fund:
☐ April 1 – June 30; Due: July 25 <sup>th</sup>	Effective Date of Dissolution
☐ July 1 September 30; Due: October 25th	By chacking this item INVI and West that the Level Defender Design
☐ October 1 – December 31; Due: January 25th	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)	
R Vertication (NA) continues all seconds (III)	
the best of my\u00e3our knowledge and belief the contents and	was used in the preparation of this statement and attached schedules (if any) and to e true, accurate and complete.
Official's Signature and Date:	Ecason 7,21,21
Treasurer's/Designated Record Keeper's Signature and	Date: Ville 141,21



### FOR OFFICIAL USE ONLY

### **Summary Page**

	Column I Column II This Period Cumulative Calendar Year	
1. Contributions	1a. \$ 1b. \$	
2. In-Kind Contributions	2a. \$ 2b. \$	
3. TOTAL CONTRIBUTIONS	3a. \$ 3b. \$	
4. Itemized Expenditures	4e. \$	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5e. \$	
6. TOTAL EXPENDITURES	6a. \$ 6b. \$	
BALANCE STATEMENT		
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	7. \$ 4,977.00	
Amount received during reporting period (item 1a.)	8. \$	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>4.977.00</u>	
10. Amount expended during reporting period (item 6a.)	10.\$ 4,977.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11.\$ <u>4,977,00</u> •	
/aana aaa ii a ii aii ii ii a y	* 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:

013	John	J. GI.	eason L	DF
	UO N/I	V. G'	-ason -	10

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 prov	ide: 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:				
<ul><li>2. Name and Address:</li><li>4. If over \$100.00 cumulative, please provided</li></ul>	3. Date of Receipt:	\$	\$	\$
Employer:	Place of Business:			
<ul><li>2. Name and Address:</li><li>4. If over \$100.00 cumulative, please provi</li></ul>		\$	\$	\$
Employer:				
<ul><li>2. Name and Address:</li><li>4. If over \$100.00 cumulative, please provide Employer:</li></ul>	3. Date of Receipt:  de: Occupation:  Place of Business:	\$	\$	\$
2. Name and Address:	3. Date of Recelpt:	\$	\$	\$
4. If over \$100.00 cumulative, please provide	de: 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	

5



### LEGAL DEFENSE FUND COVER PAGE

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

und Oniolai.	
1a. Legal Defense Fund I.D. Number: 13  1b. Legal Defense Fund Name: John J. Gleason Legal Defense Fund 1c. Legal Defense Fund Address: 604 Leland Street Flushing, MI 48633	2a. Official's Full Name: John J. Gleason  2b. Official's Office: Genesee County Clerk
1d. Legal Defense Fund Phone: 810-964-1956	
3a. Treasurer's Full Name: Karen L. Gleason 3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633	3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633
	3d. Treasurer's Phone Number(s): 810-964-1956
4a. Quarterly Transaction Report Covering:	5. Dissolution of Legal Defense Fund:  Effective Date of Dissolution /
4b. Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	Tage.
6. Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents a	was used in the preparation of this statement and attached schedules (if any) and to re true, accurate and complete.
Official's Signature and Date:	
Treasurer's/Designated Record Keeper's Signature and	d Date:



#### LEGAL DEFENSE FUND SUMMARY PAGE

#### FOR OFFICIAL USE ONLY

Column I This Period	Column II Cumulative Calendar Year
1a. \$ <u>0.00</u>	<sub>1b. \$</sub> <u>4,977.00</u>
<sub>2a. \$</sub> 0.00	<sub>2b. \$</sub> 0.00
<sub>3a. \$</sub> 0.00	<sub>3b. \$</sub> 4,977.00
<sub>4a. \$</sub> 0.00	
<sub>5a. \$</sub> 0.00	_
6a. \$ <u>0.00</u>	6b. \$ 4,977.00
LANCE STATEMENT	
7. \$ 0.00	_
8. \$ 0.00	_
9. \$_0.00	<u> </u>
10.\$ 0.00	_
11.\$ 0.00	*
* The ending balance must always be	a positive number
	This Period  1a. \$ 0.00 2a. \$ 0.00 3a. \$ 0.00 4a. \$ 0.00 5a. \$ 0.00 6a. \$ 0.00   LANCE STATEMENT  7. \$ 0.00 8. \$ 0.00 9. \$ 0.00 10. \$ 0.00 11. \$ 0.00



#### 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:		(	
		<u></u>	<u></u>	¢
		\$	\$	Ψ
4. If over \$100.00 cumulative, please provi	de: Occupation:			
Employer:	Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		φ.	•	œ.
		\$	\$	Φ
4. If over \$100.00 cumulative, please provi				
Employer:	Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please provi	de: Occupation:			
Employer:	Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please provi	de: Occupation:			
Employer:	Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please provi	de: Occupation:			
Employer:	Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please provi	•			
Employer:				
	Page Subtotal: Grand Total:	\$	\$	\$
	(Complete on last page of Schedule)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Page1of1		Forward to #1 Summary Page	Forward to #2 Summary Page	



# ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND

Legal Defense Fund I.D. Number and Name:

John J. Gleason Legal Defense Fund - 13

LEGAL DEFENSE FUND			
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
			\$
			Φ
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			Ψ
			\$
	Page Subtotal		\$
	Grand Total (Complete on last page of Schedule)		\$ 0.00
Page _ 1 _ of _ 1	(Somplete on last page of Sofiedule)		Forward to #3
Page _ 1 _ of _ 1			Summary Page



#### LEGAL DEFENSE FUND COVER PAGE

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

Legal Defense Fund I.D. Number: 013      Legal Defense Fund Name:     John J. Gleason Legal Defense Fund     Legal Defense Fund Address:     604 Leland Street     Flushing, MI 48633	2a. Official's Full Name: John J. Gleason  2b. Official's Office: Genesee County Clerk
1d. Legal Defense Fund Phone: (810) 964-1956	
3a. Treasurer's Full Name: Karen L. Gleason 3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633	3c. Treasurer's Business Address: 604 Leiand Street Flushing, MI 48633
4a. Quarterly Transaction Report Covering:  January 1 – March 31; Due: April 25th April 1 – June 30; Due: July 25 <sup>th</sup> July 1 – September 30; Due: October 25th October 1 – December 31; Due: January 25th  4b. Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	3d. Treasurer's Phone Number(s): (810) 984-1956  5. Dissolution of Legal Defense Fund:  Effective Date of Dissolution
6. Verification: If We certify that all reasonable diligence the best of mylour knowledge and belief the contents at Official's Signature and Date:	was used in the preparation of this statement and attached schedules (if any) and to the true, accurate and complete.    Lecson



### LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
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 48633	2a. Official's Full Name: John J. Gleason  2b. Official's Office: Genesee County Clerk
1d. Legal Defense Fund Phone: (810) 964-1956	
3a. Treasurer's Full Name: Karen L. Gleason 3b. Treasurer's Residential Address: 604 Leland Street Flushing, MI 48633	3c. Treasurer's Business Address: 604 Leland Street Flushing, MI 48633
	3d. Treasurer's Phone Number(s): (810) 964-1956
4a. Quarterly Transaction Report Covering:  ☐ January 1 - March 31; Due: April 25th  ☐ April 1 - June 30; Due: July 25 <sup>th</sup> ☐ July 1 - September 30; Due: October 25th  ☒ October 1 - December 31; Due: January 25th  4b. ☐ Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	5. Dissolution of Legal Defense Fund:  Effective Date of Dissolution
6. Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents ar	was used in the preparation of this statement and attached schedules (if any) and to e true, accurate and complete.
Official's Signature and Date:	
Treasurer's/Designated Record Keeper's Signature and	Date:



#### LEGAL DEFENSE FUND SUMMARY PAGE

#### FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	
2. In-Kind Contributions	2a. \$ 0.00	2b. \$ 0.00
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ 4,977.00
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. \$ 4,977.00
ВА	LANCE STATEMENT	
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	11. \$ 0.00	<b>*</b>
(Subtract line 10 from line 9)	* 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:			
		\$	\$	\$
		Φ	Ψ	<b>*</b>
4. If over \$100.00 cumulative, please prov				
Employer:	Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
		Ψ	<b>*</b>	<u> </u>
4. If over \$100.00 cumulative, please prov	vide: Occupation:			
Employer:	Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please prov	vide: Occupation:		-	
Employer:	_ Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please prov	vide: Occupation:			
Employer:	Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please prov	vide: Occupation:			
Employer:	Place of Business:			
Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please prov	vide: Occupation:			
Employer:			A	
	Page Subtotal:	\$ 0.00	\$ 0.00	\$ 0.00
	Grand Total: (Complete on last page of Schedule)	\$ 0.00	\$ 0.00	\$ <u>0.00</u>
4 4		Forward to #1 Summary	Forward to #2 Summary	
Page1 of1		Page	Page	



# ITEMIZED EXPENDITURES SCHEDULE 2

Legal Defense Fund I.D. Number and Name:

John J. Gleason Legal Defense Fund - 013

LEGAL DEFENSE FUND —			
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
			\$
			\$
			\$
			Ψ
			\$
			\$
			ф.
		· · · · · · · · · · · · · · · · · · ·	\$
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			\$
	De de Collége		\$ 0.00
	Page Subtotal Grand Total		œ.
(0	Complete on last page of Schedule)		0.00
David 1 of 1	4		Forward to #3 Summary Page

MICHOLAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
LEGAL PEPEKSE PURO COVER PAGE	
Report must be legible, typed or printed in ink and signed by the Tressurer/Designated Record Keeper and Official.	FOR OFFICIAL USE ONLY
fin. Legal Defense Fund LD. Number: 013  1b. Legal Defense Fund Hime:	2a. Official's Full Name: John J. Glesson
John J. Gleason Legal Befense Fund to Legal Betense Fund Address: 604 Leland Street	ze. Omizera Once Genesee County Clerk
Flushing, MI 48833	Think to the later of
1.f. Legal Celerate Fund Phone: (810) 984-1958	
3e. Tressure's Full Name: Karen L. Glesson 3b. Tressure's Residential Addum: 804 Leland Street Flushing, MI 48633	3c. Treasurers Subress Address: 694 Leland Street Flushing, MI 46633
44. Overlarly Trunsaction Report Coreffee  January 1 — March 31; Due: April 28th  April 1 — June 30; Due: July 25th  July 1 — September 30; Due: October 28th  October 1 — December 31; Due: Jenuary 28th	3d. Tressurer's Phone Number(s): (810) 964-1966  6. Oleschullon of Laget Detunes Fund;  Effective Date of Dissellution  By checking this liters, filtre usually that the Legal Detunes Fund hee no secess or outstanding debts, findualing late targ lace. Hote: The disposition of residual funds must be reported on immersionable 2 and the Dummery
Amendment to Transaction Report: also mark     As) to indicate which Report is being amended).	
Werification: TWe certify that all reasonable diligence we he best of mylour knowledge and belief the contents are writing and pale of the contents are writing and pale of the contents are writing and pale of the contents are supported by the contents and the contents are supported by the contents are contents and the contents are contents.	George 10, 23, 20
resource or besignated Record Resper's Signature and C	may went yens , c, 2



#### LEGAL DEFENSE FUND COVER PAGE

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

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 1c. Legal Defense Fund Address:	2b. Official's Office: Genesee County Clerk
604 Leland Street Flushing, MI 48633	
1d. Legal Defense Fund Phone: (810) 964-1956	
3a. Treasurer's Full Name:	3c. Treasurer's Business Address:
Karen L. Gleason	604 Leland Street
3b. Treasurer's Residential Address:	Flushing, MI 48633
604 Leland Street Flushing, MI 48633	
	3d. Treasurer's Phone Number(s): (810) 964-1956
4a. Quarterly Transaction Report Covering:	5. Dissolution of Legal Defense Fund:
☐ January 1 – March 31; Due: April 25th	<del>-</del>
☐ April 1 – June 30; Due: July 25 <sup>th</sup>	Effective Date of Dissolution
✓ July 1 – September 30; Due: October 25th	
October 1 – December 31; Due: January 25th	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 the best of my\our knowledge and belief the contents are	was used in the preparation of this statement and attached schedules (if any) and to e true, accurate and complete.
Treasurer's/Designated Record Keeper's Signature and	Date:



#### LEGAL DEFENSE FUND SUMMARY PAGE

#### FOR OFFICIAL USE ONLY

	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. \$ 0.00	2b. \$ 0.00		
3. TOTAL CONTRIBUTIONS	3a. \$ 2,977.00	3b. \$ 4,977.00		
4. Itemized Expenditures	4a. \$ 2,977.00			
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. \$ 4,977.00		
BALANCE STATEMENT				
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	7. \$			
8. Amount received during reporting period (Item 1a.)	8. \$ 2,977.00			
9. SUBTOTAL Add lines 7 and 8	9. \$_ 2,977.00			
10. Amount expended during reporting period (Item 6a.)	10. \$ 2,977.00			
11. ENDING BALANCE	11. \$ 0.00 *			
(Subtract line 10 from line 9)	* The ending balance must always be a positi	ive number.		



#### ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

John J. Gleason Legal Defense Fund - 013

		E Amount	6. Amount	7.
Enter contributor's name and address.		5. Amount	(In-Kind)	Cumulative
2. Name and Address:	3. Date of Receipt: 09/10/2020			
John J. Gleason				_
604 Leland Street Flushing, MI 48633		\$ 2,977.00	\$ 0.00	\$ 2,977.00
4. If over \$100.00 cumulative, please provi	de: Occupation: Genessee County Clerk			
Employer: Genesee County				
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please provi	de: Occupation:			
Employer:				
2. Name and Address:	3. Date of Receipt:			
		   \$	\$	\$
   4. If over \$100.00 cumulative, please provi	de: Occupation:	T		
· ·				
Employer:				
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please provi	de: Occupation:			
Employer:	Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please provi	de: Occupation:			
Employer:	Place of Business:			
2. Name and Address:	3. Date of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please provi	de: 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
	(complete on last page of confedure)	Forward to	Forward to	T
Page1 of1		#1 Summary Page	#2 Summary Page	



# ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND

Legal Defense Fund I.D. Number and Name:
 John J. Gleason Legal Defense Fund - 013

LEGAL DEFENSE FUND	John J. Gleason Legal Delense Fund - 013				
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	09/10/2020	\$ 2,977.00		
			\$		
		-	\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
	Page S		\$ 2,977.00		
	Grand (Complete on last page of Sci	d Total hedule)	\$ 2,977.00 Forward to #3		
Page 1 of 1			Summary Page		

**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.

and Omciai.	
1a. Legal Defense Fund I.D. Number:  85-1086769  1b. Legal Defense Fund Name: John J.  612ason Legal Defense Fund Address:  604 Leland St.  Flushing, Hi.  48433	2a. Official's Full Name: John J. Glasson  2b. Official's Office:  General County Clerk/ Register
1d. Legal Defense Fund Phone: 810 964 - 1973	
3a. Treasurer's Full Name:  KAREN L. Gleason  3b. Treasurer's Residential Address:	3c. Treasurer's Business Address:
604 Leland St.	
7lushing, Mi 49433	
49433	3d. Treasurer's Phone Number(s): 810 944_ 1956
4a. Quarterly Transaction Report Covering:	_
January 1 - March 31; Due: April 25th	5. Dissolution of Legal Defense Fund:
April 1 – June 30; Due: July 25 <sup>th</sup>	Effective Date of Dissolution
July 1 – September 30; Due: October 25th	
October 1 - December 31; Due: January 25th	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 the best of my\our knowledge and belief the contents are	was used in the preparation of this statement and attached schedules (if any) and to a true, accurate and complete.
Official's Signature and Date	Heason 7,23,20
Treasurer's/Designated Record Keeper's Signature and	Date: 1 arough-1/200 123,20



### LEGAL DEFENSE FUND SUMMARY PAGE

#### FOR OFFICIAL USE ONLY

1. Contributions	Column I This Period  1a. \$ 2000.00	Column II Cumulative Calendar Year  1b. \$ 2000.00
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	38. \$ 2000.00	3b. \$ 2000.00
4. Itemized Expenditures	4a. \$ 2000.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	
6. TOTAL EXPENDITURES	6a. \$ 2000 · 00	6b. \$ 3000.00
ВА	LANCE STATEMENT	
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	7. \$	
8. Amount received during reporting period (Item 1a.)	8. \$ 2000. 00	
9. SUBTOTAL Add lines 7 and 8	9. 8 2000, 90	
10. Amount expended during reporting period (Item 6a.)	10.\$ 2000.00	
11. ENDING BALANCE	11. \$O	,
(Subtract line 10 from line 9)	* The ending balance must always be a po	ositive number.



# ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

85-1086769

	- 0			
Enter contributor's name and address.		5. Amou	nt 6. Amou	
2. Name and Address:  3. Date of Receipt:  John J. Gleason  684- Lelend 5+  Touching M: 48433  4. If over \$100.00 cumulative, please provide: Occupation: Clark  Employer General Count Place of Business: 71:20	/ Pas	\$ <i>3,</i>	\$ 2000	
Name and Address:     3. Date of Receipt:				
4. If over \$100.00 cumulative places are it.		\$	_ \$	_ \$
4. If over \$100.00 cumulative, please provide: Occupation:		8		
Employer: Place of Business:  2. Name and Address: 3. Date of Bosoints		4		
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:			-	
If over \$100.00 cumulative, please provide: Occupation:  Place of Business:		\$	\$	\$
. Name and Address: 3. Date of Receipt:				
If over \$100.00 cumulative, please provide: Occupation:		\$	\$	\$
	Subtotal:	\$	\$	s
	rand Total:	\$ 2050	\$ 2000	\$2000
age 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:			
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amoun	
SOO WOODWARDAUL Detroit Mi 48226	Attorney fees	5-21-20	\$ 200	
			\$	
			\$	
			\$	
			\$	
			\$	
		-	\$	
			\$	
			\$	
		-	\$	
			\$	
	Page Subtotal		2000	
(0	Grand Total Complete on last page of Schedule)		2000	
9 of		F	Forward to #3 Summary Page	

### **CLARK HILL**

Christopher M. Trebilcock T 313.965.8575 F 313.309.6910 Email: ctrebilcock@ClarkHill.com Clark Hill 500 Woodward Avenue Suite 3500 Detroit, MI 48226 T 313.965.8300 F 313.965.8252

clarkhill.com

May 19, 2020

#### BY EMAIL AND U.S. MAIL

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

Re: Statement of Organization / John Gleason Legal Defense Fund

Dear Sir or Madam:

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

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

Sincerely,

**CLARK HILL** 

Christopher M. Trebilcock

This M. Tubilons

CMT:rm Enclosures

#### ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND. 1. Legal Defense Fund ID #: 2. Type of Filing: Original Filing Amendment: Herra: Eff. Chale: 3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the works Legal Defense Fund) John J. Gless Son Jung at Defense Fundse 4. Public Official Full Name (Last, First, M.L): John J Gleason 5a. Office (Check one): Circuit Court District Court Probate Court Municipal Court County Clerk State Sensior State Rep. MSU Trustee Governor Lt. Governor WISU Gov. State Bd. of Ed. Supreme Court Appeals Court 5b. District/Circuit # or Jurisdiction: 6. A description of the criminal, civil or administrative action at issue: 7. Date of Initial Contribution/Expenditure: 5 119 120 Sb. Complete Street Address (May not be PO Box): Ba. Complete Mailing Address (May be PO Box): Well Leband St. Floshing, Hi 148433 Flushing, Hiyeuss Bc. Legal Defense Fund Phone # 810 964 1973 8d. Legal Defense Fund Fax #: Se. Legal Defense Fund E-mail Address: J/9 1954 e Icloud.com 8f. Legal Defense Fund Web Address: 9a. Treasurer Name and Complete Street Address KARDI L. Gkzason GOY Lelead St. TJUSHING. U: 48433 Bb.Treasurer Phone 8: 810 964-1956 Sc. Treasurer E-mail Address. Gleason KALEN 32 @ yakeo . com 10. Designated Recordkeeper Name: KARENL. CHeason 11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association) EIGA Credit + Union. 6243 W. Pierson Rd. G Flushing, Mi 48433 12. Verification: If we certify that all reasonable diligence was used in the preparation of the above statement and that the centents are true, accurate and complete to the bjest of mylour knowledge or belief. 5.1.14.1.20

Current Treasurer Signature:

#### ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND. 1. Legal Defense Fund ID #: 2. Type of Filing: Original Filing Amendment: Herra: Eff. Chale: 3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the works Legal Defense Fund) John J. Gless Son Jung at Defense Fundse 4. Public Official Full Name (Last, First, M.L): John J Gleason 5a. Office (Check one): Circuit Court District Court Probate Court Municipal Court County Clerk State Sensior State Rep. MSU Trustee Governor Lt. Governor WISU Gov. State Bd. of Ed. Supreme Court Appeals Court 5b. District/Circuit # or Jurisdiction: 6. A description of the criminal, civil or administrative action at issue: 7. Date of Initial Contribution/Expenditure: 5 119 120 Sb. Complete Street Address (May not be PO Box): Ba. Complete Mailing Address (May be PO Box): Well Leband St. Floshing, Hi 148433 Flushing, Hiyeuss Bc. Legal Defense Fund Phone # 810 964 1973 8d. Legal Defense Fund Fax #: Se. Legal Defense Fund E-mail Address: J/9 1954 e Icloud.com 8f. Legal Defense Fund Web Address: 9a. Treasurer Name and Complete Street Address KARDI L. Gkzason GOY Lelead St. TJUSHING. U: 48433 Bb.Treasurer Phone 8: 810 964-1956 Sc. Treasurer E-mail Address. Gleason KALEN 32 @ yakeo . com 10. Designated Recordkeeper Name: KARENL. CHeason 11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association) EIGA Credit + Union. 6243 W. Pierson Rd. G Flushing, Mi 48433 12. Verification: If we certify that all reasonable diligence was used in the preparation of the above statement and that the centents are true, accurate and complete to the bjest of mylour knowledge or belief. 5.1.14.1.20

Current Treasurer Signature: