

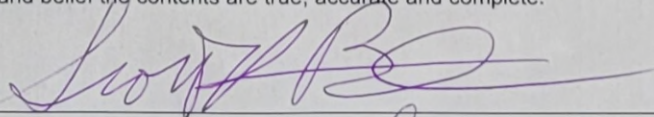
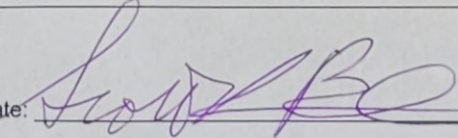


MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND  
COVER PAGE

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>L.D.F 014</u></p> <p>1b. Legal Defense Fund Name: Scott Benson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>1d. Legal Defense Fund Phone: <u>313-269-1224</u></p>	<p>2a. Official's Full Name: Scott Benson</p> <p>2b. Official's Office: Detroit City Council, 3rd District</p>
<p>3a. Treasurer's Full Name: Scott Benson</p> <p>3b. Treasurer's Residential Address: 20061 Kelly Rd Detroit, MI 48226</p>	<p>3c. Treasurer's Business Address: 20061 Kelly Rd Detroit, MI 48226</p> <p>3d. Treasurer's Phone Number(s): <u>313-269-1224</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25<sup>th</sup></p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u></u> <u>4</u> / <u>25</u> / <u>2024</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>4</u> / <u>25</u> / <u>2024</u></p>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND  
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

**Summary Page**

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

**BALANCE STATEMENT**

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>711.41</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>711.41</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>711.41</u> *

\* The ending balance must always be a positive number.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND  
COVER PAGE


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FOR OFFICIAL USE ONLY

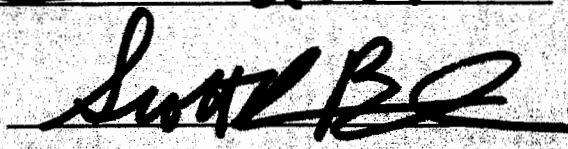
<p>1a. Legal Defense Fund I.D. Number: <u>L.D.F 014</u></p> <p>1b. Legal Defense Fund Name: Scott Benson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>1d. Legal Defense Fund Phone: <u>313-269-1224</u></p>	<p>2a. Official's Full Name: Scott Benson</p> <p>2b. Official's Office: Detroit City Council, 3rd District</p>
<p>3a. Treasurer's Full Name: Scott Benson</p> <p>3b. Treasurer's Residential Address: 20061 Kelly Rd Detroit, MI 48226</p>	<p>3c. Treasurer's Business Address: 20061 Kelly Rd Detroit, MI 48226</p> <p>3d. Treasurer's Phone Number(s): <u>313-269-1224</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input checked="" type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>

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

Official's Signature and Date:

 24 JAN 25

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

 24 JAN 25



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND  
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

**Summary Page**

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>0.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>0.00</u>
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5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>0.00</u>
<b>BALANCE STATEMENT</b>		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>711.41</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>711.41</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>711.41</u> *	
	* The ending balance must always be a positive number.	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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10/24/2023


**LEGAL DEFENSE FUND  
COVER PAGE**


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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>L.D.F 014</u></p> <p>1b. Legal Defense Fund Name: Scott Benson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>1d. Legal Defense Fund Phone: <u>313-269-1224</u></p>	<p>2a. Official's Full Name: Scott Benson</p> <p>2b. Official's Office: Detroit City Council, 3rd District</p>
<p>3a. Treasurer's Full Name: Scott Benson</p> <p>3b. Treasurer's Residential Address: 20061 Kelly Rd Detroit, MI 48226</p>	<p>3c. Treasurer's Business Address: 20061 Kelly Rd Detroit, MI 48226</p> <p>3d. Treasurer's Phone Number(s): <u>313-269-1224</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25<sup>th</sup></p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>

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

Official's Signature and Date:  23, OCT, 23

Treasurer's/Designated Record Keeper's Signature and Date:  23, OCT, 23



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND  
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

**Summary Page**

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 0.00	1b. \$ 0.00
2. In-Kind Contributions	2a. \$ 0.00	2b. \$ 0.00
3. TOTAL CONTRIBUTIONS	3a. \$ 0.00	3b. \$ 0.00
4. Itemized Expenditures	4a. \$ 0.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ 0.00	
6. TOTAL EXPENDITURES	6a. \$ 0.00	6b. \$ 0.00
<b>BALANCE STATEMENT</b>		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 711.41	
8. Amount received during reporting period (Item 1a.)	8. \$ 0.00	
9. SUBTOTAL Add lines 7 and 8	9. \$ 711.41	
10. Amount expended during reporting period (Item 6a.)	10. \$ 0.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 711.41 *	

\* The ending balance must always be a positive number.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov  
07/25/2023

LEGAL DEFENSE FUND  
COVER PAGE

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

FOR OFFICIAL USE ONLY

1a. Legal Defense Fund I.D. Number: L.D.F 014

2a. Official's Full Name:

Scott Benson

1b. Legal Defense Fund Name:

Scott Benson Legal Defense Fund

2b. Official's Office:

Detroit City Council, 3rd District

1c. Legal Defense Fund Address:

20061 Kelly Rd  
Detroit, MI 48225

1d. Legal Defense Fund Phone: 313-269-1224

3a. Treasurer's Full Name:

Scott Benson

3c. Treasurer's Business Address:

20061 Kelly Rd  
Detroit, MI 48226

3b. Treasurer's Residential Address:

20061 Kelly Rd  
Detroit, MI 48226

3d. Treasurer's Phone Number(s): 313-269-1224

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

\_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Official's Signature and Date:

22 JUL 23

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

22 JUL 23



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND  
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

**Summary Page**

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

**BALANCE STATEMENT**

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>711.41</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>711.41</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>711.41</u> *

\* The ending balance must always be a positive number.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

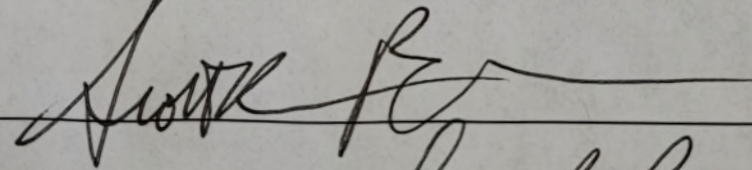
**LEGAL DEFENSE FUND  
COVER PAGE**

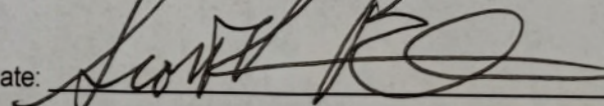
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<p>1a. Legal Defense Fund I.D. Number: <u>L.D.F 014</u></p> <p>1b. Legal Defense Fund Name: Scott Benson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>1d. Legal Defense Fund Phone: <u>313-269-1224</u></p>	<p>2a. Official's Full Name: Scott Benson</p> <p>2b. Official's Office: Detroit City Council, 3rd District</p>
<p>3a. Treasurer's Full Name: Scott Benson</p> <p>3b. Treasurer's Residential Address: 20061 Kelly Rd Detroit, MI 48226</p>	<p>3c. Treasurer's Business Address: 20061 Kelly Rd Detroit, MI 48226</p> <p>3d. Treasurer's Phone Number(s): <u>313-269-1224</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> <b>January 1 – March 31; Due: April 25th</b></p> <p><input type="checkbox"/> <b>April 1 – June 30; Due: July 25<sup>th</sup></b></p> <p><input type="checkbox"/> <b>July 1 – September 30; Due: October 25th</b></p> <p><input type="checkbox"/> <b>October 1 – December 31; Due: January 25th</b></p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>

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

Official's Signature and Date:  27, APR 23

Treasurer's/Designated Record Keeper's Signature and Date:  27, APR 23



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND  
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

**Summary Page**

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

**BALANCE STATEMENT**

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>711.41</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>711.41</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>711.41</u> *

\* The ending balance must always be a positive number.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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01/25/2023

**LEGAL DEFENSE FUND  
COVER PAGE**

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FOR OFFICIAL USE ONLY

1a. Legal Defense Fund I.D. Number: L.D.F 014

2a. Official's Full Name:

Scott Benson

1b. Legal Defense Fund Name:

Scott Benson Legal Defense Fund

2b. Official's Office: Detroit City Council, 3rd District

1c. Legal Defense Fund Address:

20061 Kelly Rd  
Detroit, MI 48225

1d. Legal Defense Fund Phone: 313-269-1224

3a. Treasurer's Full Name:

Scott Benson

3c. Treasurer's Business Address:

20061 Kelly Rd  
Detroit, MI 48225

3b. Treasurer's Residential Address:

20061 Kelly Rd  
Detroit, MI 48225

3d. Treasurer's Phone Number(s): 313-269-1224

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

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

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

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

Official's Signature and Date:

Scott Benson

25 JAN 23

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

Scott Benson

25 JAN 23



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND  
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

**Summary Page**

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>5,000.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>5,000.00</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>5,420.59</u>

**BALANCE STATEMENT**

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>711.41</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>711.41</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>711.41</u> *

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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LEGAL DEFENSE FUND  
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<p>1a. Legal Defense Fund I.D. Number: <u>L.D.F 014</u></p> <p>1b. Legal Defense Fund Name: <b>Scott Benson Legal Defense Fund</b></p> <p>1c. Legal Defense Fund Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>1d. Legal Defense Fund Phone: <u>313-269-1224</u></p>	<p>2a. Official's Full Name: <b>Scott Benson</b></p> <p>2b. Official's Office: <b>Detroit City Council, 3rd District</b></p>
<p>3a. Treasurer's Full Name: <b>Scott Benson</b></p> <p>3b. Treasurer's Residential Address: 20061 Kelly Rd Detroit, MI 48225</p>	<p>3c. Treasurer's Business Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>3d. Treasurer's Phone Number(s): <u>313-269-1224</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25<sup>th</sup></p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>

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Official's Signature and Date:  25 OCT 22

Treasurer's/Designated Record Keeper's Signature and Date:  25 OCT 22



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND  
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>5,000.00</u>	1b. \$ <u>5,000.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>5,000.00</u>	3b. \$ <u>5,000.00</u>
4. Itemized Expenditures	4a. \$ <u>5,000.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>5,000.00</u>	6b. \$ <u>5,420.59</u>
<b>BALANCE STATEMENT</b>		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>711.41</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>5,000.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ _____	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>5,000.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>711.41</u> *	
	* The ending balance must always be a positive number.	



<b>ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND</b>	1. Legal Defense Fund I.D. Number and Name: <b>L.D.F 014 Scott Benson Legal Defense Fund</b>
---------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>09/26/2022</u></span> Scott Benson <b>**Loan**</b> 20061 Kelly Rd Detroit, MI 48225 4. If over \$100.00 cumulative, please provide: Occupation: <u>Council Member</u> Employer: <u>City of Detroit</u> Place of Business: <u>2 Woodward Ave, Detroit, MI</u>	\$ 5,000.00	\$ _____	\$ 5,000.00
2. Name and Address: <span style="float: right;">3. Date of Receipt: _____</span>  4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: <span style="float: right;">3. Date of Receipt: _____</span>  4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: <span style="float: right;">3. Date of Receipt: _____</span>  4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: <span style="float: right;">3. Date of Receipt: _____</span>  4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: <span style="float: right;">3. Date of Receipt: _____</span>  4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
Page Subtotal:	\$ 5,000.00	\$ _____	\$ 5,000.00
Grand Total: (Complete on last page of Schedule)	\$ 5,000.00	\$ _____	\$ 5,000.00
Page <u>1</u> of <u>1</u>	Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: L.D.F 014 Scott Benson Legal Defense Fund		
2. Name and address of person or vendor paid		3. Purpose	4. Date	5. Amount
Steven Fishman 615 Griswold St #1125 Detroit, MI 48226		Legal Fees	10/04/2022	\$ 5,000.00
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
			Page Subtotal	\$ 5,000.00
			Grand Total (Complete on last page of Schedule)	\$ 5,000.00
Page 1 of 1				Forward to #3 Summary Page





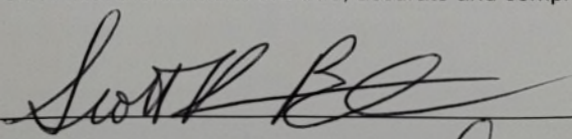
**LEGAL DEFENSE FUND  
COVER PAGE**

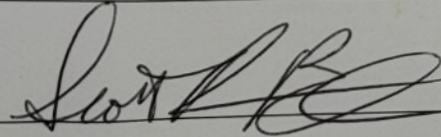
Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>L.D.F. 014</u></p> <p>1b. Legal Defense Fund Name: <b>Scott Benson Legal Defense Fund</b></p> <p>1c. Legal Defense Fund Address: <b>20061 Kelly Rd Detroit, MI 48225</b></p> <p>1d. Legal Defense Fund Phone: <u>313-269-1224</u></p>	<p>2a. Official's Full Name: <b>Scott Benson</b></p> <p>2b. Official's Office: <b>Detroit City Council, 3rd District</b></p>
<p>3a. Treasurer's Full Name: <b>Scott Benson</b></p> <p>3b. Treasurer's Residential Address: <b>20061 Kelly Rd Detroit, MI 48225</b></p>	<p>3c. Treasurer's Business Address: <b>20061 Kelly Rd Detroit, MI 48225</b></p> <p>3d. Treasurer's Phone Number(s): <u>313-269-1224</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 25<sup>th</sup></p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>

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

Official's Signature and Date:  18 JUL 22

Treasurer's/Designated Record Keeper's Signature and Date:  18 JUL 22



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND  
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

**Summary Page**

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>0.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>0.00</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>420.59</u>

**BALANCE STATEMENT**

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>711.41</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>711.41</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>711.41</u> *

\* The ending balance must always be a positive number.





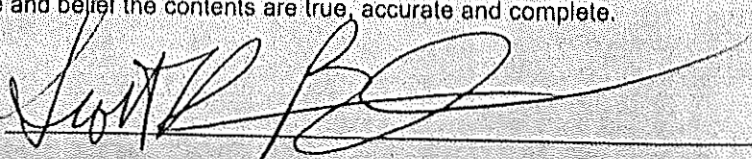
LEGAL DEFENSE FUND  
COVER PAGE

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>L.D.F. 014</u></p> <p>1b. Legal Defense Fund Name: <b>Scott Benson Legal Defense Fund</b></p> <p>1c. Legal Defense Fund Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>1d. Legal Defense Fund Phone: <u>313-269-1224</u></p>	<p>2a. Official's Full Name: <b>Scott Benson</b></p> <p>2b. Official's Office: <b>Detroit City Council, 3rd District</b></p>
<p>3a. Treasurer's Full Name: <b>Scott Benson</b></p> <p>3b. Treasurer's Residential Address: 20061 Kelly Rd Detroit, MI 48225</p>	<p>3c. Treasurer's Business Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>3d. Treasurer's Phone Number(s): <u>313-269-1224</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25<sup>th</sup></p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>

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

Official's Signature and Date:  25 APR 22

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND  
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>0.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>0.00</u>
4. Itemized Expenditures	4a. \$ <u>420.59</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>420.59</u>	6b. \$ <u>420.59</u>
<b>BALANCE STATEMENT</b>		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1,132.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>1,132.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>420.59</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>711.41</u> *	

\* The ending balance must always be a positive number.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Number and Name: L.D.F. 014 Scott Benson Legal Defense Fund		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Dykema Gossett PLLC 201 Townsend St. Ste. 900 Lansing, MI 48933	Compliance Fees	02/01/2022	\$ 420.59
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ 420.59
Grand Total (Complete on last page of Schedule)			\$ 420.59
Page <u>1</u> of <u>1</u>			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.

FOR OFFICIAL USE ONLY

1a. Legal Defense Fund I.D. Number: L.D.F. 014  
  
1b. Legal Defense Fund Name:  
Scott Benson Legal Defense Fund  
  
1c. Legal Defense Fund Address:  
20061 Kelly Rd  
Detroit, MI 48225  
  
1d. Legal Defense Fund Phone: 313-269-1224

2a. Official's Full Name: Scott Benson  
  
2b. Official's Office: Detroit City Council, 3rd District

3a. Treasurer's Full Name:  
Scott Benson  
  
3b. Treasurer's Residential Address:  
20061 Kelly Rd  
Detroit, MI 48225

3c. Treasurer's Business Address:  
20061 Kelly Rd  
Detroit, MI 48225  
  
3d. Treasurer's Phone Number(s): 313-269-1224

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

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

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

Official's Signature and Date:  1,24,22

Treasurer's/Designated Record Keeper's Signature and Date:  1,24,22



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND  
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

**Summary Page**

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>4,600.00</u>	1b. \$ <u>9,600.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>5,000.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>4,600.00</u>	3b. \$ <u>14,600.00</u>
4. Itemized Expenditures	4a. \$ <u>3,953.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>15.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>3,968.00</u>	6b. \$ <u>13,468.00</u>

**BALANCE STATEMENT**

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>500.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>4,600.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>5,100.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>3,968.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,132.00</u> *

\* The ending balance must always be a positive number.



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: L.D.F. 014 Scott Benson Legal Defense Fund		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Scott Benson **LOAN**</u> <u>20061 Kelly Rd</u> <u>Detroit, MI 48226</u> 3. Date of Receipt: <u>11/04/2021</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Council Member</u> Employer: <u>City of Detroit</u> Place of Business: <u>2 Woodward Ave Detroit MI</u>		\$ <u>3,600.00</u>	\$ _____	\$ <u>13,600.00</u>
2. Name and Address: <u>Cognos Marketing, LLC</u> 3. Date of Receipt: <u>11/15/2021</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>N/A</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>		\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>4,600.00</u>	\$ _____	\$ <u>14,600.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>4,600.00</u>	\$ _____	\$ <u>14,600.00</u>
Page <u>1</u> of <u>1</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**

<b>ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND</b>	1. Legal Defense Fund I.D. Number and Name: <b>L.D.F. 014 Scott Benson Legal Defense Fund</b>		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Dykema Gossett PLLC 201 Townsend St. Ste. 900 Lansing, MI 48933	Compliance Fees	<u>11/08/2021</u>	\$ <u>1,953.00</u>
Steven Fishman 615 Griswold St #1125 Detroit, MI 48226	Legal Fees	<u>11/16/2021</u>	\$ <u>2,000.00</u>
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
Page Subtotal			\$ <u>3,953.00</u>
Grand Total (Complete on last page of Schedule)			\$ <u>3,953.00</u>
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

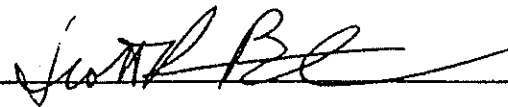
LEGAL DEFENSE FUND  
COVER PAGE

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>L.D.F. 014</u></p> <p>1b. Legal Defense Fund Name: <b>Scott Benson Legal Defense Fund</b></p> <p>1c. Legal Defense Fund Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>1d. Legal Defense Fund Phone: <u>313-269-1224</u></p>	<p>2a. Official's Full Name: <b>Scott Benson</b></p> <p>2b. Official's Office: <b>Detroit City Council, 3rd District</b></p>
<p>3a. Treasurer's Full Name: <b>Scott Benson</b></p> <p>3b. Treasurer's Residential Address: 20061 Kelly Rd Detroit, MI 48225</p>	<p>3c. Treasurer's Business Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>3d. Treasurer's Phone Number(s): <u>313-269-1224</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25<sup>th</sup></p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p style="text-align: center;">Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>

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

Official's Signature and Date:  25, Oct 21

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND  
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>5,000.00</u>	1b. \$ <u>5,000.00</u>
2. In-Kind Contributions	2a. \$ <u>5,000.00</u>	2b. \$ <u>5,000.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>10,000.00</u>	3b. \$ <u>10,000.00</u>
4. Itemized Expenditures	4a. \$ <u>9,500.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>9,500.00</u>	6b. \$ <u>9,500.00</u>

BALANCE STATEMENT

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

\* The ending balance must always be a positive number.



<b>ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND</b>	1. Legal Defense Fund I.D. Number and Name: <b>L.D.F. 014 Scott Benson Legal Defense Fund</b>
---------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/27/2021</u></span> Scott Benson **LOAN** 20061 Kelly Rd Detroit, MI 48225 4. If over \$100.00 cumulative, please provide: Occupation: <u>Council Member</u> Employer: <u>City of Detroit</u> Place of Business: <u>2 Woodward Ave., Detroit, MI 48226</u>	\$ _____	\$ <u>5,000.00</u>	\$ _____
2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>09/23/2021</u></span> Scott Benson **LOAN** 20061 Kelly Rd Detroit, MI 48225 4. If over \$100.00 cumulative, please provide: Occupation: <u>Council Member</u> Employer: <u>City of Detroit</u> Place of Business: <u>2 Woodward Ave., Detroit, MI 48226</u>	\$ <u>5,000.00</u>	\$ _____	\$ <u>10,000.00</u>
2. Name and Address: <span style="float: right;">3. Date of Receipt: _____</span>  4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: <span style="float: right;">3. Date of Receipt: _____</span>  4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: <span style="float: right;">3. Date of Receipt: _____</span>  4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: <span style="float: right;">3. Date of Receipt: _____</span>  4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
Page Subtotal:	\$ <u>5,000.00</u>	\$ <u>5,000.00</u>	\$ <u>10,000.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>5,000.00</u>	\$ <u>5,000.00</u>	\$ <u>10,000.00</u>
Page <u>1</u> of <u>1</u>	Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <b>L.D.F. 014 Scott Benson Legal Defense Fund</b>		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount	
Steven Fishman 615 Griswold St # 1125 Detroit, MI 48226	In-Kind from Scott Benson: Legal Fees	08/27/2021	\$ 5,000.00	
Dykema Gossett PLLC 201 Townsend St. Ste. 900 Lansing, MI 48933	Compliance Fees	09/27/2021	\$ 1,500.00	
Steven Fishman 615 Griswold St # 1125 Detroit, MI 48226	Legal Fees	09/27/2021	\$ 3,000.00	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
Page Subtotal			\$ 9,500.00	
Grand Total (Complete on last page of Schedule)			\$ 9,500.00	
Page 1 of 1			Forward to #3 Summary Page	





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED  
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #:

2. Type of Filing:  Original Filing  Amendment: Items: \_\_\_\_\_ Eff. Date: \_\_\_\_\_

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

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

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

5b. District/Circuit # or Jurisdiction: District 3

6. A description of the criminal, civil or administrative action at issue:  
Unknown (search warrant)

7. Date of Initial Contribution/Expenditure: 08 / 27 / 21

8a. Complete Mailing Address (May be PO Box):  
20061 Kelly Rd  
Detroit, MI 48225

8b. Complete Street Address (May not be PO Box):  
20061 Kelly Rd  
Detroit, MI 48225

8c. Legal Defense Fund Phone #: 313-269-1224

8d. Legal Defense Fund Fax #: \_\_\_\_\_

8e. Legal Defense Fund E-mail Address: srbenlxix1@gmail.com

8f. Legal Defense Fund Web Address: \_\_\_\_\_

9a. Treasurer Name and Complete Street Address:  
Scott Benson  
20061 Kelly Rd.  
Detroit, MI 48225

9b. Treasurer Phone #: \_\_\_\_\_

9c. Treasurer E-mail Address: srbenlxix1@gmail.com

10. Designated Recordkeeper Name:  
Rena Moore

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)  
PNC Bank  
120 N Washington Sq Ste 100  
Lansing, MI 48933

12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief.  
Public Official Signature: [Signature] Date: 30 AUG 21  
Current Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_