

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: 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 Benson3b. Treasurer's Residential Address:20061 Kelly Rd Detroit, MI 48226	3c. Treasurer's Business Address: 20061 Kelly Rd Detroit, MI 48226
4a. Quarterly Transaction Report Covering: January 1 - March 31; Due: April 25th April 1 - June 30; Due: July 25 th 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): 313-269-1224 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: Treasurer's/Designated Record Keeper's Signature and	4,25,2024



FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$	1b. \$0.00
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$	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. \$ <u>0.00</u>
BAI	ANCE STATEMENT	,
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	11.\$711.41	* -
(Subtract line 10 from line 9)	* The ending balance must always be a	positive number.



LEGAL DEFENSE FUND COVER PAGE

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15. 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	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 48226	3c. Treasurer's Business Address: 20061 Kelly Rd Detroit, MI 48226
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6. Verification: NWe certify that all reasonable diligence the best of mylour knowledge and belief the contents a official's Signature and Date. Treasurer's/Designated Record Keeper's Signature and	Be 24JAN2S



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



received via disclosure@michigan.gov 10/24/2023

LEGAL DEFENSE FUND COVER PAGE

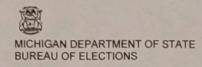
Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

and Official.	
1a. Legal Defense Fund I.D. Number: L.D.F 014	2a. Official's Full Name:
1b. Legal Defense Fund Name:	Scott Benson
Scott Benson Legal Defense Fund	2b. Official's Office:
1c. Legal Defense Fund Address:	Detroit City Council, 3rd District
20061 Kelly Rd Detroit, MI 48225	Betton Only Godffon, ord Bistrict
1d. Legal Defense Fund Phone: 313-269-1224	
3a. Treasurer's Full Name:	3c. Treasurer's Business Address:
Scott Benson	20061 Kelly Rd
3b. Treasurer's Residential Address:	Detroit, MI 48226
20061 Kelly Rd Detroit, MI 48226	
	3d. Treasurer's Phone Number(s): 313-269-1224
4a. Quarterly Transaction Report Covering:	E Discounties of Local Defence Funds
☐ January 1 – March 31; Due: April 25th	5. Dissolution of Legal Defense Fund:
April 1 – June 30; Due: July 25 th	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 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:	23,0CT, 23
	1 Date: \$4,00T,23
Treasurer's/Designated Record Keeper's Signature and	Date:



FOR OFFICIAL USE ONLY

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



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6. Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents all Official's Signature and Date: Treasurer's/Designated Record Keeper's Signature and	12 JU123



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	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$	1b. \$0.00
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$	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. \$ <u>0.00</u>
BAI	ANCE STATEMENT	,
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	-
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11. ENDING BALANCE	11.\$711.41	* -
(Subtract line 10 from line 9)	* The ending balance must always be a	positive number.



LEGAL DEFENSE FUND COVER PAGE

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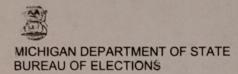
Received via disclosure@michigan.gov 04/25/2023

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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: 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 e true, accurate and complete.
Official's Signature and Date:	24APR-23
reasurer's/Designated Record Keeper's Signature and	Date: Swiff D 27, MM 22



FOR OFFICIAL USE ONLY

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1. Contributions	1a. \$	1b. \$0.00
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$	3b. \$0.00
4. Itemized Expenditures	4a. \$0.00	
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9. SUBTOTAL Add lines 7 and 8	9. \$711.41	-
10. Amount expended during reporting period (Item 6a.)	10. \$0.00	
11. ENDING BALANCE	11.\$711.41	* -
(Subtract line 10 from line 9)	* The ending balance must always be a	positive number.



Received via disclosure@michigan.gov 01/25/2023

LEGAL DEFENSE FUND COVER PAGE

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

signed by the Treasurer/Designated Record Keeperand Officia	FOR OFFICIAL USE ONLY
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(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 ar	was used in the preparation of this statement and attached schedules (if any) and the true, accurate and complete.
Official's Signature and Date:	25,JAN 23
	1 +10 B12 NSTAN127



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Column I This Period	Column II Cumulative Calendar Year
1a. \$ <u>0.00</u>	_{1b. \$} <u>5,000.00</u>
2a. \$ <u>0.00</u>	_{2b.} \$ <u>0.00</u>
3a. \$ <u>0.00</u>	_{3b. \$} <u>5,000.00</u>
_{4a. \$} 0.00	
_{5a. \$} 0.00	
6a. \$ 0.00	_{6b. \$} 5,420.59
ANCE STATEMENT	,
7. \$ 711.41	
8. \$ 0.00	
9. \$_711.41	
10.\$ 0.00	
11.\$ 711.41	*
* The ending balance must always be a po	ositive number.
	This Period 1a. \$ 0.00 2a. \$ 0.00 3a. \$ 0.00 4a. \$ 0.00 5a. \$ 0.00 6a. \$ 0.00 ANCE STATEMENT 7. \$ 711.41 8. \$ 0.00 9. \$ 711.41 10. \$ 0.00 11. \$ 0.00 11. \$ 11.41

BUREAU OF ELECTIONS

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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 all 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. 2500722 AMBO 2500722
Treasurer's/Designated Record Keeper's Signature and	Date: 4044



FOR OFFICIAL USE ONLY

	Column 1 This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 5,000.00	_{1b. \$} 5,000.00
2. In-Kind Contributions	2a. \$ 0.00	_{2b. \$} 0.00
3. TOTAL CONTRIBUTIONS	за. \$ 5,000,00	_{3b. \$} 5,000.00
4. itemized Expenditures	4a. \$ 5,000.00	······································
5. Uniternized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	
6. TOTAL EXPENDITURES	6a. \$ 5,000.00	_{6b. \$} <u>5,420.59</u>
BA	ALANCE STATEMENT	
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. \$ 5,000.00	_
9. SUBTOTAL Add lines 7 and 8	9. \$	_
10. Amount expended during reporting period (Item 6a.)	10. \$ 5,000.00	.
11. ENDING BALANCE	11. \$ 711.41	*
(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:

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: Scott Benson **Loan** 20061 Kelly Rd Detroit, MI 48225	\$ <u>5,000.00</u>		\$5,000.00
4. If over \$100.00 cumulative, please provide: Occupation: Council Member			
Employer: City of Detroit Place of Business: 2 Woodward Ave, Detroil, MI			
2. Name and Address: 3. Date of Receipt:			
	\$	\$	\$
4. 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:	*		3
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt:			
	¢	4	\$
4. If over \$100.00 cumulative, please provide: Occupation:	Ψ	Ψ	Ψ
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt:			
	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:		<u> </u>	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:			
Page Subtotal:	\$ 5,000.00	\$	\$ 5,000.00
Grand Total: (Complete on last page of Schedule)	\$ 5,000.00	\$	§ 5,000.00
	Forward to	Forward to	9-7-55,00
Page of	#1 Summary Page	#2 Summary Page	

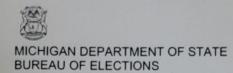


ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND

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

L.D.F 014 Scott Benson Legal Defense Fund

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
(C	Grand Total Complete on last page of Schedule)	-	\$ <u>5,000.00</u>
Page 1 of 1			Forward to #3 Summary Page



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LEGAL DEFENSE FUND COVER PAGE

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and Official.	
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1d. Legal Defense Fund Phone: 313-269-1224	BALANCE STATEMENT
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 25 th ☐ 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.
the best of my\our knowledge and belief the contents and Official's Signature and Date:	BO 1851/122 1851/122
Treasurer's/Designated Record Keeper's Signature and	Date:



FOR OFFICIAL USE ONLY

Column I This Period	Column II Cumulative Calendar Year			
1a. \$ <u>0.00</u>	1b. \$ 0.00			
2a. \$ <u>0.00</u>	_{2b.} \$ 0.00			
	_{3b. \$} 0.00			
4a. \$ <u>0.00</u>				
_{5a. \$} 0.00				
6a. \$ <u>0.00</u>	_{6b. \$} 420.59			
BALANCE STATEMENT				
7. \$ 711.41				
8. \$_0.00				
9. \$_711.41				
10.\$ 0.00				
11.\$ 711.41 *				
* The ending balance must always be a po	ositive number.			
	This Period 1a. \$ 0.00 2a. \$ 0.00 3a. \$ 0.00 4a. \$ 0.00 5a. \$ 0.00 6a. \$ 0.00 LANCE STATEMENT 7. \$ 711.41 8. \$ 0.00 9. \$ 711.41 10. \$ 0.00 11. \$ 11.41 **			



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	3d. Treasurer's Phone Number(s): 313-269-1224
4a. Quarterly Transaction Report Covering:	5. Dissolution of Legal Defense Fund: Effective Date of Dissolution
5. Verification: ItWe certify that all reasonable diligence when best of mylour knowledge and belief the contents are Difficial's Signature and Date:	25APA22



FOR OFFICIAL USE ONLY

0.00 0.00 0.00 420.59 0.00 420.59	1b. \$ 0.00 2b. \$ 0.00 3b. \$ 0.00
0.00 420.59 0.00 420.59	зь. \$ 0.00
420.59 0.00 420.59	
0.00 420.59	_{бь. \$} 420.59
420.59	6b. \$ 420.59
	6b. \$ 420.59
TATEMENT	
1,132.00	
0.00	
1,132.00	
420.59	
	number
	0.00 1,132.00 420.59 711.41 * ending balance must always be a positive



ITEMIZED EXPENDITURES

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

SCHEDULE 2 LEGAL DEFENSE FUND	L.D.F. 014 Scott Benson Legal Defense Fund			
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	\$ <u>420.59</u>
				\$
				\$
				\$
				\$
	-			\$
				\$
				\$
				\$
				\$
				\$
		Page Subtotal		\$ <u>420.59</u>
	((Grand Total Complete on last page of Schedule)		\$ <u>420.59</u>
Page 1 of 1				Forward to #3 Summary Page

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



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	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	_{1a. \$} 4,600.00	_{1b. \$} 9,600.00
2. In-Kind Contributions	_{2a. \$} 0.00	_{2b. \$} 5,000.00
3. TOTAL CONTRIBUTIONS	_{3a. \$} 4,600.00	_{3b. \$} 14,600.00
4. Itemized Expenditures	_{4a. \$} 3,953.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	_{5a. \$} 15.00	
6. TOTAL EXPENDITURES	6a. \$ 3,968.00	6b. \$ 13,468.00
ВА	LANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$_500.00	_
8. Amount received during reporting period (Item 1a.)	8. \$ 4,600.00	
9. SUBTOTAL Add lines 7 and 8	9. \$_5,100.00	
10. Amount expended during reporting period (Item 6a.)	10.\$ 3,968.00	
11. ENDING BALANCE	1,132.00	*
(Subtract line 10 from line 9)	* The ending balance must always be	e 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: Scott Benson **LOAN** 20061 Kelly Rd	\$ 2,000,00	\$	\$13,600.00
Detroit, MI 48226	\$ 3,600.00	Φ	Ψ13,000.00
4. If over \$100.00 cumulative, please provide: Occupation: Council Member			
Employer: City of Detroit Place of Business: 2 Woodward Ave Detroit MI			
2. Name and Address: Cognos Marketing, LLC 3. Date of Receipt: 11/15/2021			
	\$ <u>1,000.00</u>	\$	\$ <u>1,000.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: N/A			
Employer: N/A Place of Business: N/A			
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:	\$ 4,600.00	\$	\$ 14,600.00
Grand Total: (Complete on last page of Schedule)	\$ 4,600.00	\$	\$ 14,600.00
Page _ 1 _ of _ 1	Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND

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

L.D.F. 014 Scott Benson Legal Defense Fund

LEGAL DEFENSE FUND	L.D.I . 014 Scott Berison Legal Defense I und			
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	11/08/2021	\$ 1,953.00	
Steven Fishman 615 Griswold St #1125 Detroit, MI 48226	Legal Fees	11/16/2021	\$ 2,000.00	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
	Page Subtotal		\$ 3,953.00	
	Grand Total (Complete on last page of Schedule)		\$ 3,953.00	
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

signed by the Treasurer/Designated Record Resper	
and Official. 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	2a. Official's Full Name: Scott Benson 2b. Official's Office: Detroit City Council, 3rd District
1d, Legal Defense Fund Phone: 313-269-1224	
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 25 th 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 bellef the contents an	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:	BC 25,007.21
Treesurer's/Designated Record Keeper's Signature and	Date:



FOR OFFICIAL USE ONLY

Column 1 This Period	Column II Cumulative Calendar Year	
1a. \$ 5,000.00	_{1b. \$} 5,000.00	
_{2a.} \$ 5,000.00	_{2b.} \$ <u>5,000.00</u>	
3a. \$ 10,000.00	_{3b. \$} 10,000.00	
_{4a. \$} 9,500.00		
_{5a. \$} 0.00		
_{6a. \$} 9,500.00	6b. \$ 9,500.00	
BALANCE STATEMENT		
7. \$ 0.00		
8. \$ 10,000.00		
9. \$_ 10,000.00		
10. \$ 9,500.00		
11. \$ 500.00 * * The ending balance must always be a position.		
	This Period 1a. \$ 5,000.00 2a. \$ 5,000.00 3a. \$ 10,000.00 4a. \$ 9,500.00 5a. \$ 0.00 6a. \$ 9,500.00 ANCE STATEMENT 7. \$ 0.00 8. \$ 10,000.00 9. \$ 10,000.00 10. \$ 9,500.00 11. \$ 500.00 *	



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: 3. Date of Receipt: 08/27/2021 Scott Benson **LOAN** 20061 Kelly Rd	\$	\$ 5,000.00	\$
Detroit, MI 48225			
4. If over \$100.00 cumulative, please provide: Occupation: Council Member			
Employer: City of Detroit Place of Business: 2 Woodward Ave., Delroit, MI 48226			
2. Name and Address: 3. Date of Receipt: 09/23/2021 Scott Benson **LOAN** 20061 Kelly Rd Detroit, MI 48225	\$ <u>5,000.00</u>	\$	\$ <u>10,000.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: Council Member			
Employer: City of Detroit Place of Business: 2 Woodward Ave., Detroil, MI 48226			
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:	œ	œ.	.
	Φ	Φ	\$
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:			ı
Employer: Place of Business:			
Page Subtotal:	\$ 5,000.00	\$ 5,000.00	\$ 10,000.00
Grand Total: (Complete on last page of Schedule)	\$ 5,000.00	\$ 5,000.00	\$_10,000.00
Page1 of1	Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	l	Legal Defense Fund I.D. Number an .D.F. 014 Scott Benson		ense 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		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	\$ <u>1,500.00</u>
Steven Fishman 615 Griswold St # 1125 Detroit, MI 48226		Legal Fees	09/27/2021	\$ 3,000.00
				\$
			***************************************	\$
				\$
				\$
				\$
				\$
				\$
				\$
		Page Subtotal		\$ 9,500.00
	(C	Grand Total omplete on last page of Schedule)		^{\$} <u>9,500.00</u>
Page 1 of 1				Forward to #3 Summary Page



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION	N FORM FOR LEGAL DEFENSE FUND
1. Legal Defense Fund ID #:	
2. Type of Filing: Original Filing Amend	Iment: Items: Eff. Date:
3. Full Name of Legal Defense Fund: (Must include O	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	
5aOffice (Check one):	The second of Other places
Governor State Senator MSU T Lt. Governor State Rep. WSU C	
Sec. of State State Bd. of Ed. Supren	District Court
Attorney General UofM Reg. Appeal	
5b. District/Circuit # or Jurisdiction: District 3	
6. A description of the criminal, civil or administrat Unknown (search warrant)	ive action at issue:
Chikiowi (Scalori Warrant)	
	07 04
7. Date of Initial Contribution/Expenditure: 08 /_	21 121
8a. Complete Mailing Address (May be PO Box):	8b. Complete Street Address (May not be PO Box):
20061 Kelly Rd Detroit, MI 48225	20061 Kelly Rd
Detroit, Wii 46225	Detroit, MI 48225
8c. Legal Defense Fund Phone #: 313-269-1224	
8d. Legal Defense Fund Fax #:	
8e. Legal Defense Fund E-mail Address: srbenixix1@	-
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: Renae Moore	
Notice Woole	
11. Name and Address of Depository or Intended Dep	pository of Legal Defense Fund funds. (Michigan Bank, Credit
Union or Savings & Loan Association)	rostory of Legal Defense Fund funds. (Michigan Bank, Credit
PNC Bank	
120 N Washington Sq Ste 100 Lansing, ML 48933	
12. Verification: I/We certify that all reasonable diligen	ce was used in the preparation of the above statement and that
and the state of t	of my/our knowledge or belief.
Public Official Signature:	30AU6/21
Current Treasurer Signature:	Date
	Date
	Date