

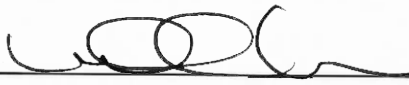
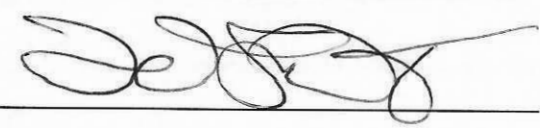


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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>LDF-15</u></p> <p>1b. Legal Defense Fund Name: William Mena Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: PO Box 22 Novi, MI 48376</p> <p>1d. Legal Defense Fund Phone: <u>2485615055</u></p>	<p>2a. Official's Full Name: William Mena</p> <p>2b. Official's Office: Novi School Board Trustee</p>
<p>3a. Treasurer's Full Name: David Staudt</p> <p>3b. Treasurer's Residential Address: 23715 Nilan Drive Novi, MI 48375</p>	<p>3c. Treasurer's Business Address: Impact Media Professionals 43155 Main Street, Ste 2210E Novi, MI 48375</p> <p>3d. Treasurer's Phone Number(s): <u>2485615055</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution _____/_____/_____ 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>10 / 23 / 2022</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>10,23,22</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>10,300.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>10,300.00</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>8,300.00</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>2,000.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>2,000.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>2,000.00</u> *	
	* The ending balance must always be a positive number.	


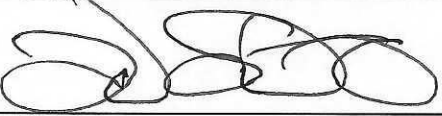


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
COVER PAGE**

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<p>1a. Legal Defense Fund I.D. Number: <u>LDF - 15</u></p> <p>1b. Legal Defense Fund Name: William Mena Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: PO Box 22 Novi, MI 48376</p> <p>1d. Legal Defense Fund Phone: <u>2485615055</u></p>	<p>2a. Official's Full Name: WILLIAM MENA</p> <p>2b. Official's Office: Novi School Board Trustee</p>
<p>3a. Treasurer's Full Name: David Staudt</p> <p>3b. Treasurer's Residential Address: 23715 Nilan Drive Novi, MI 48375</p>	<p>3c. Treasurer's Business Address: Impact Media Professionals LLC 43155 Main Street Ste 2210E</p> <p>3d. Treasurer's Phone Number(s): <u>2485615055</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution _____/_____/_____ 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>7/25/22</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>7.24.22</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
SUMMARY PAGE**

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Summary Page

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1. Contributions	1a. \$ <u>10,300.00</u>	1b. \$ <u>10,300.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>10,300.00</u>	3b. \$ <u>10,300.00</u>
4. Itemized Expenditures	4a. \$ <u>8,300.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>8,300.00</u>	6b. \$ <u>8,300.00</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>10,300.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>10,300.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>8,300.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>2,000.00</u> *	
	* The ending balance must always be a positive number.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Number and Name: LDF - 15 - William Mena LDF
---	---

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: <u>06/12/2022</u> William Mena 44926 Yorkshire Dr Novi, MI 48375-2251 4. If over \$100.00 cumulative, please provide: Occupation: <u>Systems Analyst</u> Employer: <u>Oracle Software</u> Place of Business: <u>Novi, MI</u>	\$ <u>8,300.00</u>	\$ _____	\$ <u>8,300.00</u>
2. Name and Address: 3. Date of Receipt: <u>06/04/2022</u> Integrity in Government Fund PO Box 281 Novi, MI 48376 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>2,000.00</u>	\$ _____	\$ <u>2,000.00</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>10,300.00</u>	\$ _____	\$ <u>10,300.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>10,300.00</u>	\$ _____	\$ <u>10,300.00</u>
Page <u>1</u> of <u>1</u>	Forward to #1 Summary Page	Forward to #2 Summary Page	



**MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF - 15 - William Mena LDF	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Landry, Mazzeo & Dembinski PC 37000 Grand River Ave, #200 Farmington Hills, MI 48335	Legal Representation for Defense of School Board Trustee Position	<u>06/14/2022</u>	\$ <u>8,300.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
		Page Subtotal	\$ <u>8,300.00</u>
		Grand Total (Complete on last page of Schedule)	\$ <u>8,300.00</u>
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page



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")
WILLIAM MENA LEGAL DEFENSE FUND

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

5a. Office (Check one):

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Governor | <input type="checkbox"/> State Senator | <input type="checkbox"/> MSU Trustee | <input type="checkbox"/> Circuit Court | <input checked="" type="checkbox"/> Local or Other please specify:
<u>School Board Trustee</u> |
| <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> State Rep. | <input type="checkbox"/> WSU Gov. | <input type="checkbox"/> District Court | |
| <input type="checkbox"/> Sec. of State | <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Probate Court | |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> UofM Reg. | <input type="checkbox"/> Appeals Court | <input type="checkbox"/> Municipal Court | |

5b. District/Circuit # or Jurisdiction: Novi Community School District

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

An investigation was conducted by the Novi Community School District using a third part legal firm, regarding a potential violation of the NCSD Board of Education ethics policy related an incident with a student involving Trustee Mena. The investigation concluded that there was incidental contact made with the student's hair and penalties were imposed by the BOE, including removing Trustee Mena as BOE Secretary and stripping him of Committee Chairmanships. A subsequent effort to censure Trustee Mena was attempted by several BOE members for allegedly disclosing information that could potentially lead to the identification of the student involved in the original incident. The censure effort failed. There have been actions taken by the NCSD claiming that Trustee Mena did not acquire a video of the incident via a Freedom of Information Act Request. This has resulted in additional claims of Title IX and/or FERPA violations and a potential recall effort.

7. Date of Initial Contribution/Expenditure: 05 / 27 / 2022

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

WILLIAM MENA LEGAL DEFENSE FUND
P.O. BOX 22
NOVI, MI 48376

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

WILLIAM MENA LEGAL DEFENSE FUND
43155 MAIN STREET, STE 2210E
NOVI, MI 48375

8c. Legal Defense Fund Phone #: 248-561-5055

8d. Legal Defense Fund Fax #: _____

8e. Legal Defense Fund E-mail Address: compliance@impactmediapro.com

8f. Legal Defense Fund Web Address: isupportwilly.com

9a. Treasurer Name and Complete Street Address:

DAVID STAUDT
IMPACT MEDIA PROFESSIONALS
43155 MAIN STREET, STE 2210E
NOVI, MI 48375

9b. Treasurer Phone #: 248-561-5055

9c. Treasurer E-mail Address: COMPLIANCE@IMPACTMEDIAPRO.COM

10. Designated Recordkeeper Name:


N/A

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

PNC BANK
41325 W 10 Mile Rd
NOVI, MI 48375

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:  Date: 5/27/22

Current Treasurer Signature:  Date: 5/27/22

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2022 JUN -3 PM 2:35
ELECTIONS/GREAT SEAL

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")
WILLIAM MENA LEGAL DEFENSE FUND

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

5a. Office (Check one):

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Governor | <input type="checkbox"/> State Senator | <input type="checkbox"/> MSU Trustee | <input type="checkbox"/> Circuit Court | <input checked="" type="checkbox"/> Local or Other please specify:
School Board Trustee |
| <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> State Rep. | <input type="checkbox"/> WSU Gov. | <input type="checkbox"/> District Court | |
| <input type="checkbox"/> Sec. of State | <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Probate Court | |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> UofM Reg. | <input type="checkbox"/> Appeals Court | <input type="checkbox"/> Municipal Court | |

5b. District/Circuit # or Jurisdiction: Novi Community School District

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

An investigation was conducted by the Novi Community School District using a third part legal firm, regarding a potential violation of the NCSD Board of Education ethics policy related an incident with a student involving Trustee Mena. The investigation concluded that there was incidental contact made with the student's hair and penalties were imposed by the BOE, including removing Trustee Mena as BOE Secretary and stripping him of Committee Chairmanships. A subsequent effort to censure Trustee Mena was attempted by several BOE members for allegedly disclosing information that could potentially lead to the identification of the student involved in the original incident. The censure effort failed. There have been actions taken by the NCSD claiming that Trustee Mena did not acquire a video of the incident via a Freedom of Information Act Request. This has resulted in additional claims of Title IX and/or FERPA violations and a potential recall effort.

7. Date of Initial Contribution/Expenditure: 05 / 27 / 2022

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

WILLIAM MENA LEGAL DEFENSE FUND
P.O. BOX 22
NOVI, MI 48376

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

WILLIAM MENA LEGAL DEFENSE FUND
43155 MAIN STREET, STE 2210E
NOVI, MI 48375

8c. Legal Defense Fund Phone #: 248-561-5055

8d. Legal Defense Fund Fax #: _____

8e. Legal Defense Fund E-mail Address: compliance@impactmediapro.com

8f. Legal Defense Fund Web Address: isupportwilly.com

9a. Treasurer Name and Complete Street Address:

DAVID STAUDT
IMPACT MEDIA PROFESSIONALS
43155 MAIN STREET, STE 2210E
NOVI, MI 48375

9b. Treasurer Phone #: 248-561-5055

9c. Treasurer E-mail Address: COMPLIANCE@IMPACTMEDIAPRO.COM


10. Designated Recordkeeper Name:

N/A


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

PNC BANK
41325 W 10 Mile Rd
NOVI, MI 48375

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: 

5,27,22
Date

Current Treasurer Signature: 

5,27,22
Date

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2022 JUN -3 PM 2:35
ELECTIONS/GREAT SEAL


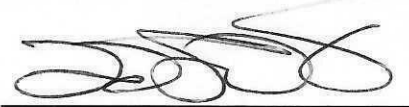


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
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<p>3a. Treasurer's Full Name: David Staudt</p> <p>3b. Treasurer's Residential Address: 23715 Nilan Drive Novi, MI 48375</p>	<p>3c. Treasurer's Business Address: Impact Media Professionals LLC 43155 Main Street Ste 2210E Novi, MI 48375</p> <p>3d. Treasurer's Phone Number(s): <u>2485615055</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input checked="" type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution _____/_____/_____ By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
SUMMARY PAGE**

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Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>18,600.00</u>	1b. \$ <u>18,600.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>18,600.00</u>	3b. \$ <u>18,600.00</u>
4. Itemized Expenditures	4a. \$ <u>8,300.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>8,300.00</u>	6b. \$ <u>8,300.00</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>18,600.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>18,600.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>8,300.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>10,300.00</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: LDF - 15 - William Mena LDF
---	---

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: _____ 3. Date of Receipt: <u>06/12/2022</u> William Mena 44926 Yorkshire Dr Novi, MI 48375-2251 4. If over \$100.00 cumulative, please provide: Occupation: <u>Systems Analyst</u> Employer: <u>Oracle Software</u> Place of Business: <u>Novi, MI</u>	\$ <u>8,300.00</u>	\$ _____	\$ <u>8,300.00</u>
2. Name and Address: _____ 3. Date of Receipt: <u>06/04/2022</u> Integrity in Government Fund PO Box 281 Novi, MI 48376 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>2,000.00</u>	\$ _____	\$ <u>2,000.00</u>
2. Name and Address: _____ 3. Date of Receipt: <u>09/30/2022</u> Landry, Mazzeo & Dembinski PC (Refund of Invoice Payment) 37000 Grand River Ave, #200 Farmington Hills, MI 48335 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>8,300.00</u>	\$ _____	\$ <u>8,300.00</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
Page Subtotal:	\$ <u>18,600.00</u>	\$ _____	\$ <u>18,600.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>18,600.00</u>	\$ _____	\$ <u>18,600.00</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

**LEGAL DEFENSE FUND
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<p>3a. Treasurer's Full Name: David Staudt</p> <p>3b. Treasurer's Residential Address: 23715 Nilan Drive Novi, MI 48375</p>	<p>3c. Treasurer's Business Address: Impact Media Professionals LLC 43155 Main Street Ste 2210E Novi, MI 48375</p> <p>3d. Treasurer's Phone Number(s): <u>2485615055</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 checked="" type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution <u>10 / 12 / 2022</u></p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
SUMMARY PAGE**

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Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>18,600.00</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>18,600.00</u>
4. Itemized Expenditures	4a. \$ <u>10,300.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>10,300.00</u>	6b. \$ <u>18,600.00</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>10,300.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>10,300.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>10,300.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *

* The ending balance must always be a positive number.

