



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov 04/10/2024

**LEGAL DEFENSE FUND
COVER PAGE**

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: LDF-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u><i>Jessica Flintoft</i></u> <u>4, 9, 2024</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>David S. Read</i></u> <u>4, 1, 2024</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>33,140.00</u>	1b. \$ <u>33,140.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>33,140.00</u>	3b. \$ <u>33,140.00</u>
4. Itemized Expenditures	4a. \$ <u>32,600.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>32,600.00</u>	6b. \$ <u>32,600.00</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>361.54</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>33,140.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>33,501.54</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>32,600.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>901.54</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-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Jessica Flintoft 865 North Wagner Road Ann Arbor, MI 48103 3. Date of Receipt: <u>2/8/2024</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Township Clerk</u> Employer: <u>Scio Township</u> Place of Business: <u>827 N. Zeeb Rd, Ann Arbor, MI</u>		\$ 16,320.00	\$ 0.00	\$ 16,320.00
2. Name and Address: Jessica Flintoft 865 North Wagner Road Ann Arbor, MI 48103 3. Date of Receipt: <u>2/8/2024</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Township Clerk</u> Employer: <u>Scio Township</u> Place of Business: <u>827 N. Zeeb Rd, Ann Arbor, MI</u>		\$ 16,320.00	\$ 0.00	\$ 32,640.00
2. Name and Address: Patricia Stein 1413 S. Zeeb Road Ann Arbor, MI 48103 3. Date of Receipt: <u>2/8/2024</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 100.00
2. Name and Address: Gil Crisman 3510 Bradford Sq. Drive Ann Arbor, MI 48103 3. Date of Receipt: <u>2/21/2024</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 200.00	\$ 0.00	\$ 200.00
2. Name and Address: Patricia Stein 1413 S. Zeeb Road Ann Arbor, MI 48103 3. Date of Receipt: <u>3/26/2024</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 200.00
2. Name and Address: William Stein 1413 S. Zeeb Road Ann Arbor, MI 48103 3. Date of Receipt: <u>3/26/2024</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 100.00
Page Subtotal:		\$ 33,140.00	\$ 0.00	\$ 49,560.00
Grand Total: (Complete on last page of Schedule)		\$ 33,140.00	\$ 0.00	\$ 49,560.00
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: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Dykema Gossett PLLC 400 Renaissance Center Detroit, MI 48243	Legal Fees	2/20/2024	\$ 32,600.00
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ 32,600.00
Grand Total (Complete on last page of Schedule)			\$ 32,600.00
Page 1 of 1			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

received via disclosure@michigan.gov
01/15/2024

**LEGAL DEFENSE FUND
COVER PAGE**

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: DF-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7356577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input checked="" type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u></u> <u>1/15/2024</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>1/5/2024</u> ^{BSR}</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>9,220.00</u>	1b. \$ <u>32,747.70</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>1,295.55</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>9,220.00</u>	3b. \$ <u>34,043.25</u>
4. Itemized Expenditures	4a. \$ <u>9,221.54</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>9,221.54</u>	6b. \$ <u>23,104.47</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>363.08</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>9,220.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>9,583.08</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>9,221.54</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>361.54</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-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Marci Feinberg 3498 Timberwood Ann Arbor, MI 48103 3. Date of Receipt: 10/3/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 200.00
2. Name and Address: Nancy Burbano 519 Woodgrove Dr. Ann Arbor, MI 48103 3. Date of Receipt: 10/3/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 175.00
2. Name and Address: Beth Lawless 518 Linden Lane Ann Arbor, MI 48103 3. Date of Receipt: 10/3/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$ 50.00
2. Name and Address: Gretta Spier 3650 Huron River Dr. Ann Arbor, MI 48103 3. Date of Receipt: 10/3/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 300.00
2. Name and Address: Pam Boyd 517 Linden Lane Ann Arbor, MI 48103 3. Date of Receipt: 10/3/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 200.00
2. Name and Address: Kathleen Brant 2534 Roseland Dr. Ann Arbor, MI 48103 3. Date of Receipt: 10/3/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 200.00
Page Subtotal:		\$ 550.00	\$ 0.00	\$ 1,125.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page 1 of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Sheraine Sabbagh 4138 Sunset Court Ann Arbor, MI 48103 3. Date of Receipt: 10/3/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 5.00	\$ 0.00	\$ 5.00
2. Name and Address: Maxwell Urquhart 46611 Spinning Wheel Dr. Canton, MI 48187 3. Date of Receipt: 10/5/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 100.00
2. Name and Address: Deborah Webster 3100 Huron River Drive Ann Arbor, MI 48103 3. Date of Receipt: 10/6/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 100.00
2. Name and Address: Mary Gillis 560 Little Lake Dr., Unit 10 Ann Arbor, MI 48103 3. Date of Receipt: 10/6/23 4. If over \$100.00 cumulative, please provide: Occupation: Deputy Clerk Employer: Scio Township Place of Business: <small>827 N. Zeeb Rd, Ann Arbor, MI 48103</small>		\$ 200.00	\$ 0.00	\$ 5,400.00
2. Name and Address: David Read 713 Merlin Way Dexter, MI 48130 3. Date of Receipt: 10/10/23 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: _____ Place of Business: _____		\$ 500.00	\$ 0.00	\$ 1,105.00
2. Name and Address: Carlyle Towers 560 Little Lake Drive Ann Arbor, MI 48103 3. Date of Receipt: 10/10/23 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 250.00
Page Subtotal:		\$ 1,005.00	\$ 0.00	\$ 5,960.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page 2 of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Filtoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Harvey Somers 2129 Autumn Hill Dr. Ann Arbor, MI 48103 3. Date of Receipt: 10/10/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$150.00
2. Name and Address: Jon Norton 2224 Zeeb Rd Dexter, MI 48130 3. Date of Receipt: 10/10/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 25.00	\$ 0.00	\$75.00
2. Name and Address: Harley Schwadron 3651 Pheasant Dr Ann Arbor, MI 48103 3. Date of Receipt: 10/10/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$50.00
2. Name and Address: David Spicer 525 Baker Rd Dexter, MI 48130 3. Date of Receipt: 10/10/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$100.00	\$ 0.00	\$150.00
2. Name and Address: Sara Fink 1215 Shady Lane Ann Arbor, MI 48103 3. Date of Receipt: 10/10/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$75.00	\$ 0.00	\$75.00
2. Name and Address: Rena Basch 4260 Shetland Dr. Ann Arbor, MI 48105 3. Date of Receipt: 10/10/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Clerk</u> Employer: <u>Ann Arbor Township</u> Place of Business: <u>3792 Pontiac Tr., Ann Arbor, MI</u>		\$ 55.00	\$ 0.00	\$105.00
Page Subtotal:		\$ 355.00	\$ 0.00	\$ 605.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>3</u> of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Dagmar Moore</u> 3535 West Delhi RD Ann Arbor, MI 48103 3. Date of Receipt: <u>10/10/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>250.00</u>	\$ <u>0.00</u>	\$ <u>250.00</u>
2. Name and Address: <u>Jonathan Greenberg</u> 6089 Green Mountain Circle Ann Arbor, MI 48103 3. Date of Receipt: <u>10/10/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Director of Data</u> Employer: <u>Cogitate</u> Place of Business: <u>Home</u>		\$ <u>360.00</u>	\$ <u>0.00</u>	\$ <u>460.00</u>
2. Name and Address: <u>Mary Gillis</u> 560 Little Lake Dr., Unit 10 Ann Arbor, MI 48103 3. Date of Receipt: <u>10/10/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Deputy Clerk</u> Employer: <u>Scio Township</u> Place of Business: <u>827 N. Zeeb Rd, Ann Arbor, MI</u>		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>450.00</u>
2. Name and Address: <u>Courtney Taylor</u> 10571 N. Territorial Rd. Dexter, MI 48130 3. Date of Receipt: <u>10/10/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Physician Assistant</u> Employer: <u>Trinity Health</u> Place of Business: _____		\$ <u>250.00</u>	\$ <u>0.00</u>	\$ <u>250.00</u>
2. Name and Address: <u>Jeff Jackson</u> 4910 Dexter Ann Arbor Rd Ann Arbor, MI 48103 3. Date of Receipt: <u>10/10/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Director of Data</u> Employer: <u>Orion Systems Inc</u> Place of Business: <u>1705 Woodland Dr, Saline, MI</u>		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>200.00</u>
2. Name and Address: <u>Elizabeth Brien</u> PO Box 1468, Ann Arbor, MI 48106 3. Date of Receipt: <u>10/10/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Real Estate Sales</u> Employer: <u>Rienhart Realtors</u> Place of Business: <u>2275 W. Stadium, Ann Arbor, MI</u>		\$ <u>200.00</u>	\$ <u>0.00</u>	\$ <u>200.00</u>
Page Subtotal:		\$ <u>1,210.00</u>	\$ <u>0.00</u>	\$ <u>1,810.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>4</u> of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Jon Boyd 517 Linden Lane Ann Arbor, MI 48103 3. Date of Receipt: 10/10/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Real Estate Sales</u> Employer: <u>Buyersagentannarbor.com</u> Place of Business: <u>Home</u>		\$ 100.00	\$ 0.00	\$ 200.00
2. Name and Address: Frode Maaseidvaag 5127 Ann Arbor Dexter Rd. Ann Arbor, MI 48103 3. Date of Receipt: 10/11/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 200.00	\$ 0.00	\$ 200.00
2. Name and Address: Daryl DePestal 6821 Bridgewood Hills Dr. Dexter, MI 48130 3. Date of Receipt: 10/17/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Pharmacist</u> Employer: <u>Merke</u> Place of Business: _____		\$ 500.00	\$ 0.00	\$ 500.00
2. Name and Address: James Knol 1778 Snowberry Ridge Rd Ann Arbor, MI 48103 3. Date of Receipt: 10/23/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 250.00	\$ 0.00	\$ 450.00
2. Name and Address: Robert Bailey 424 Little Lake Dr, Apt 13 Ann Arbor, MI 48103 3. Date of Receipt: 10/23/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 200.00	\$ 0.00	\$ 250.00
2. Name and Address: Pat Stein 1413 S. Zeeb Rd Ann Arbor, MI 48103 3. Date of Receipt: 10/23/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 200.00	\$ 0.00	\$ 350.00
Page Subtotal:		\$ 1,450.00	\$ 0.00	\$ 1,950.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page 5 of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: Legal LDF-018 Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Janet Haynes 1410 S. Zeeb Road Ann Arbor, MI 48103 3. Date of Receipt: 11/3/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$ 50.00
2. Name and Address: Jon Norton 2224 Zeeb Road Dexter, MI. 48130 3. Date of Receipt: 12/9/23 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: _____ Place of Business: _____		\$ 25.00	\$ 0.00	\$ 100.00
2. Name and Address: Jessica Flintoft 865 N Wagner Road Ann Arbor, MI. 48103 3. Date of Receipt: 12/29/23 4. If over \$100.00 cumulative, please provide: Occupation: Township Clerk Employer: Scio Township Place of Business: 827 N Zeeb, Ann Arbor, 48103		\$ 4,575.00	\$ 0.00	\$ 4,575.00
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ 4,650.00	\$ 0.00	\$ 4,725.00
Grand Total: (Complete on last page of Schedule)		\$ 9,220.00	\$ _____	\$ 17,175.00
Page 6 of 6		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-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount	
Nation Builder	On-line collection fee	10/3/23	\$ 18.90	
Nation Builder	On-line collection fee	10/5/23	\$ 5.20	
Nation Builder	On-line collection fee	10/6/23	\$ 15.60	
Nation Builder	On-line collection fee	10/10/23	\$ 54.29	
Dykema Gossett 400 Renaissance Center Detroit, MI 48243	Legal Fees	10/16/23	\$ 3,600.00	
Nation Builder	On-line collection fee	10/17/23	\$ 24.80	
Nation Builder	On-line collection fee	11/3/23	\$ 2.75	
Dykema Gossett 400 Renaissance Center Detroit, MI 48243	Legal Fees	12/29/23	\$ 5,500.00	
			\$ _____	
			\$ _____	
			\$ _____	
Page Subtotal			\$ 9,221.54	
Grand Total (Complete on last page of Schedule)			\$ 9,221.54	
Page 1 of 1			Forward to #3 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

received via disclosure@michigan.gov
01/15/2024

**LEGAL DEFENSE FUND
COVER PAGE**

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: LDF-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input checked="" type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution</p> <p>_____ / _____ / _____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u><i>Jessica Flintoft</i></u> <u>1, 15, 2024</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>David S Read</i></u> <u>1, 5, 2024</u> ^{DSK}</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>2,700.00</u>	1b. \$ <u>15,572.70</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>1,295.55</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>2,700.00</u>	3b. \$ <u>16,868.25</u>
4. Itemized Expenditures	4a. \$ <u>10,577.43</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>3,305.50</u>	6b. \$ <u>13,882.93</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>968.58</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>2,700.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>3,668.58</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>3,305.50</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>363.08</u> *

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

received via disclosure@michigan.gov
01/15/2024

**LEGAL DEFENSE FUND
COVER PAGE**

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: LDF-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input checked="" type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u><i>Jessica Flintoft</i></u> <u>1, 15, 2024</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>David S Read</i></u> <u>1, 15, 2024</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>10,010.00</u>	1b. \$ <u>12,722.70</u>
2. In-Kind Contributions	2a. \$ <u>1,295.55</u>	2b. \$ <u>1,295.55</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>11,305.55</u>	3b. \$ <u>14,018.25</u>
4. Itemized Expenditures	4a. \$ <u>10,577.43</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>10,577.43</u>	6b. \$ <u>10,577.43</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1,536.01</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>10,010.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>11,546.01</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>10,577.43</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>968.58</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-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Rob Pattinson</u> 500 N Zeeb Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Self employed</u> Employer: <u>Self employed</u> Place of Business: <u>Home</u>		\$ 200.00	\$ 0.00	\$ 200.00
2. Name and Address: <u>Paula Globerson</u> 159 Rockwood Ct Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 150.00	\$ 0.00	\$ 200.00
2. Name and Address: <u>James Knol</u> 1778 Snowberry Ridge Rd Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 200.00	\$ 0.00	\$ 200.00
2. Name and Address: <u>Carolyle Towers</u> 560 Little Lake Dr Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 150.00
2. Name and Address: <u>David Read</u> 713 Merlin Way Dexter, MI 48130 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 500.00	\$ 0.00	\$ 605.00
2. Name and Address: <u>Pam Boyd</u> 517 Linden Ln Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 100.00
Page Subtotal:		\$ 1,250.00	\$ 0.00	\$ 1,455.00
Grand Total: (Complete on last page of Schedule)		\$	\$	\$
Page <u>6</u> of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Filtoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Tara Cohen 865 N. Wagner Road Ann Arbor, MI 48103 3. Date of Receipt: 5/17/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Manager</u> Employer: <u>Washtenaw County</u> Place of Business: <u>work from home</u>		\$ 0.00	\$ 45.57	\$ 70.57
2. Name and Address: HOMES Campus 112 Jackson Plaza Ann Arbor, MI 48103 3. Date of Receipt: 5/19/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 0.00	\$ 750.00	\$ 750.00
2. Name and Address: Tara Cohen 865 N. Wagner Road Ann Arbor, MI 48103 3. Date of Receipt: 5/19/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Manager</u> Employer: <u>Washtenaw County</u> Place of Business: <u>work from home</u>		\$ 0.00	\$ 280.00	\$ 350.57
2. Name and Address: Tara Cohen 865 N. Wagner Road Ann Arbor, MI 48103 3. Date of Receipt: 5/19/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Manager</u> Employer: <u>Washtenaw County</u> Place of Business: <u>work from home</u>		\$ 0.00	\$ 219.98	\$ 570.55
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ 0.00	\$ 1,295.55	\$ 1,741.69
Grand Total: (Complete on last page of Schedule)		\$ 10,010	\$ 1,295.55	\$ 12,411.69
Page <u>9</u> of <u>9</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



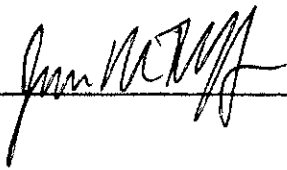
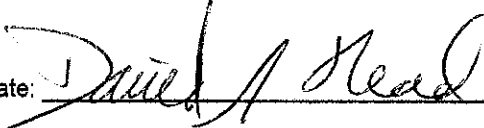
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
10/11/2023

**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: LDF-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jesska Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI. 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u></u> <u>10, 10, 23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>10, 10, 23</u></p>	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Filintoff		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Harvey Sommers</u> <u>2129 Autumn Hill Dr</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>9/20/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: <u>Jean Hergott</u> <u>685 Merlin Way</u> <u>Dexter, MI 48130</u> 3. Date of Receipt: <u>9/25/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>150.00</u>
2. Name and Address: <u>Peter Heydon</u> <u>3562 West Huron River Drive</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>9/25/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>2,500.00</u>	\$ <u>0.00</u>	\$ <u>2,500.00</u>
2. Name and Address: <u>Kathleen Longo</u> <u>4365 Stonemeadow Ct</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>9/25/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>100.00</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: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ _____	\$ _____	\$ _____
Grand Total: (Complete on last page of Schedule)		\$ <u>2,700.00</u>	\$ <u>0.00</u>	\$ <u>2,850.00</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**

<p align="center">ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND</p>	<p>1. Legal Defense Fund I.D. Number and Name:</p>		
	<p>LDf-016 Legal Defense Fund for Scio Township Clerk Jessica Fintoft</p>		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Nation Builder	On-line collection Fee	9/20/23	\$ 2.75
Dykema Gossett PLLC 400 Renaissance Center Detroit, MI 48243	Legal Fees	9/25/23	\$ 3,300.00
Nation Builder	On-line collection Fee	9/28/23	\$ 2.75
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ 3,305.5
Grand Total (Complete on last page of Schedule)			\$ 3,305.50
Page 1 of 1			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>2,700.00</u>	1b. \$ <u>15,421.90</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>1,295.50</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>2,700</u>	3b. \$ <u>16,717.4</u>
4. Itemized Expenditures	4a. \$ <u>3,305.50</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>3,305.50</u>	6b. \$ <u>13,883.93</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>968.58</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>2,700.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>3,668.58</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>3,305.50</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>363.08</u> *

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

received via disclosure@michigan.gov
07/12/2023

**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: LD-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7356577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution</p> <p>____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u><i>Jessica Flintoft</i></u> <u>7, 10, 23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>David S. Read</i></u> <u>7, 10, 23</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>10,010.00</u>	1b. \$ <u>12,410.89</u>
2. In-Kind Contributions	2a. \$ <u>1,295.50</u>	2b. \$ <u>1,295.50</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>11,305.55</u>	3b. \$ _____
4. Itemized Expenditures	4a. \$ <u>10,577.43</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>10,577.43</u>	6b. \$ <u>10,577.43</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1,536.01</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>10,010.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>11,546.01</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>10,577.43</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>968.58</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:	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Nation Builder	On-line collection Fee	5/8/23	\$ 34.18
Nation Builder	On-line collection Fee	5/10/23	\$ 2.75
Nation Builder	On-line collection Fee	5/12/23	\$ 5.20
Nation Builder	On-line collection Fee	5/14/23	\$ 13.40
Nation Builder	On-line collection Fee	5/16/23	\$ 26.30
Nation Builder	On-line collection Fee	5/18/23	\$ 8.25
Nation Builder	On-line collection Fee	5/19/23	\$ 2.75
Nation Builder	On-line collection Fee	5/20/23	\$ 13.15
Nation Builder	On-line collection Fee	5/22/23	\$ 43.45
Dykema Gossett PLLC 400 Renaissance Center Detroit, MI 48243	Legal Fees	6/5/23	\$ 5,428.00
Dykema Gossett PLLC 400 Renaissance Center Detroit, MI 48243	Legal Fees	6/7/23	\$ 5,000.00
Page Subtotal			\$ 10,577.43
Grand Total (Complete on last page of Schedule)			\$ 10,577.43
Page 1 of 1			Forward to #3 Summary Page



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LD-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Patrica Stein 1413 South Zeeb Road Ann Arbor, MI 48103 3. Date of Receipt: <u>5/5/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$150.00
2. Name and Address: Tara Cohen 865 N Wagner Rd Ann Arbor, MI 48103 3. Date of Receipt: <u>5/7/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Manager</u> Employer: <u>Washtenaw County</u> Place of Business: <u>work at home</u>		\$ 25.00	\$ 0.00	\$25.00
2. Name and Address: David Read 713 Merlin Way Dexter, MI 48130 3. Date of Receipt: <u>5/7/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 5.00	\$ 0.00	\$5.00
2. Name and Address: Harvey Somers 2129 Autumn Hill Dr Ann Arbor, MI 48103 3. Date of Receipt: <u>5/7/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$50.00
2. Name and Address: Jonathan Boyd 517 Linden Lane Ann Arbor, MI 48103 3. Date of Receipt: <u>5/8/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Buyer's Real Estate Broker</u> <small>The Home Buyer's Agent of Ann Arbor</small> Employer: _____ Place of Business: <u>Home</u>		\$100.00	\$ 0.00	\$100.00
2. Name and Address: Jon Norton 2224 N. Zeeb Road Ann Arbor, MI 48103 3. Date of Receipt: <u>5/8/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$50.00
Page Subtotal:		\$ 280.00	\$ 0.00	\$380.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>1</u> of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Selo Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Jonathan Greenberg 6089 Green Mountain Circle Ann Arbor, MI 48103 3. Date of Receipt: <u>5/8/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Director of Data</u> Employer: <u>Cogstate</u> Place of Business: <u>Home</u>		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: Kathleen Brandt 2534 Roseland Dr Ann Arbor, MI 48103 3. Date of Receipt: <u>5/8/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: <u>Washtenaw County</u> Place of Business: <u>work at home</u>		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: Ryan Yaple 1056 Baker Road Dexter, MI 48130 3. Date of Receipt: <u>5/8/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Food Distribution</u> Employer: <u>Self</u> Place of Business: <u>Home</u>		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
2. Name and Address: Peter Flintoft 119 S Main Street Chelsea, MI 48118 3. Date of Receipt: <u>5/8/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Self</u> Place of Business: <u>Home</u>		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: Jean Hergott 685 Merlin Way Dexter, MI 48130 3. Date of Receipt: <u>5/8/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Physician Assitant</u> Employer: <u>Univ. of Mich</u> Place of Business: <u>Mich. Medicine</u>		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
2. Name and Address: Paula Globerson 159 Rockwood Ct Ann Arbor, MI 48103 3. Date of Receipt: <u>5/10/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
Page Subtotal:		\$ <u>450.00</u>	\$ <u>0.00</u>	\$ <u>450.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>2</u> of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND**

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

LDf-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>David Read</u> 713 Merlin Way Dexter, MI 48130 3. Date of Receipt: <u>5/12/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>105.00</u>
2. Name and Address: <u>Carol Mayer</u> 440 Fairways Lane Chelsea, MI 48118 3. Date of Receipt: <u>5/13/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>N/A</u> Employer: <u>N/A</u> Place of Business: _____	\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
2. Name and Address: <u>Mary Gillis</u> 560 Little Lake Drive, Unit 10 Ann Arbor, MI 48103 3. Date of Receipt: <u>5/14/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Deputy Clerk</u> Employer: <u>Scio Township</u> Place of Business: <u>827 N. Zeeb Road, Ann Arbor, MI 48106</u>	\$ <u>200.00</u>	\$ <u>0.00</u>	\$ <u>200.00</u>
2. Name and Address: <u>Teresa Reinhout</u> 13431 Trinkle Road Chelsea, MI 48118 3. Date of Receipt: <u>5/15/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Clerk</u> Employer: <u>Lima Township</u> Place of Business: <u>18172 Jackson Rd, Dexter, MI 48100</u>	\$ <u>5.00</u>	\$ <u>0.00</u>	\$ <u>5.00</u>
2. Name and Address: <u>Richard Cohen</u> 6613 Elmwood Court Nashville, TN 37205 3. Date of Receipt: <u>5/16/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>N/A</u> Employer: <u>N/A</u> Place of Business: _____	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: <u>Elaine Brock</u> 3435 Miller Road Ann Arbor, MI 48103 3. Date of Receipt: <u>5/16/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Retired</u> Place of Business: _____	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
Page Subtotal:	\$ <u>555.00</u>	\$ <u>0.00</u>	\$ <u>560.00</u>
Grand Total: (Complete on last page of Schedule)	\$ _____	\$ _____	\$ _____
Page <u>3</u> of _____	Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-JMF Legal Defense Fund for Solo Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: David Spicer 525 Baker Road Dexter, MI 48130 3. Date of Receipt: 5/16/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$ 50.00
2. Name and Address: Jonathan Cohen 2606 W. Sunset Drive Tampa, FL 33629 3. Date of Receipt: 5/16/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Milberg</u> Place of Business: <u>800 S. Gay St, Knoxville, TN 37929</u>		\$ 100.00	\$ 0.00	\$ 100.00
2. Name and Address: Rena Basch 4260 Shetland Dr Ann Arbor, MI 48105 3. Date of Receipt: 5/16/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Township Clerk</u> Employer: <u>Ann Arbor Charter Township</u> Place of Business: <u>9729 Pontiac Tr, Ann Arbor, MI 48105</u>		\$ 50.00	\$ 0.00	\$ 50.00
2. Name and Address: Elizabeth Chapman 847 N Wagner Road Ann Arbor, MI 48103 3. Date of Receipt: 5/16/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Social Worker</u> Employer: <u>Dept. of Veterans Affairs</u> Place of Business: <u>2215 Fuller Road, Ann Arbor, MI 48105</u>		\$ 100.00	\$ 0.00	\$ 100.00
2. Name and Address: Carolye Towers 560 Little Lake Drive Ann Arbor, MI 48103 3. Date of Receipt: 5/17/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>N/A</u> Employer: <u>N/A</u> Place of Business: _____		\$ 50.00	\$ 0.00	\$ 50.00
2. Name and Address: Melissa Kennedy 200 Barton North Ann Arbor, MI 48105 3. Date of Receipt: 5/17/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>General Manager</u> Employer: <u>Meadowlark</u> Place of Business: <u>2650 Liberty Road, Ann Arbor, MI 48103</u>		\$ 50.00	\$ 0.00	\$ 50.00
Page Subtotal:		\$ 400.00	\$ 0.00	\$ 400.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>4</u> of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Robert Bailey</u> 424 Little Lake Dr., Apt 13 Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>50.</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
2. Name and Address: <u>Doug Shelby</u> 711 Fountain Street Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Contractor</u> Employer: <u>Self-employed</u> Place of Business: <u>Home</u>		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
2. Name and Address: <u>Jeff Jackson</u> 4910 Dexter Ann Arbor Road Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Director of Training</u> Employer: <u>Orion Systems, Inc</u> Place of Business: <u>1708 Woodland Drive South, Saline, MI 48176</u>		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: <u>Michelle Anzaldi</u> 4635 Shellbark Dr. Ypsilanti, MI 48197 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Township Clerk</u> Employer: <u>Pittsfield Charter Township</u> Place of Business: <u>8201 W. Michigan Ave, Ann Arbor, MI 48108</u>		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
2. Name and Address: <u>Kathleen Longo</u> 4365 StoneMeadow Ct Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>150.00</u>	\$ <u>0.00</u>	\$ <u>150.00</u>
2. Name and Address: <u>Anna Schwartz</u> 907 Grant St Ypsilanti, MI 48197 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Teaching Artist</u> Employer: <u>Youth Arts Alliance</u> Place of Business: <u>209 Pearl St, Ypsilanti, MI 48197</u>		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
Page Subtotal:		\$ <u>500.00</u>	\$ <u>0.00</u>	\$ <u>500.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>5</u> of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Rob Pattinson</u> 500 N Zeeb Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Self employed</u> Employer: <u>Self employed</u> Place of Business: <u>Home</u>	\$ 200.00	\$ 0.00	\$ 200.00
2. Name and Address: <u>Paula Globerson</u> 159 Rockwood Ct Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____	\$ 150.00	\$ 0.00	\$ 200.00
2. Name and Address: <u>James Knol</u> 1778 Snowberry Ridge Rd Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____	\$ 200.00	\$ 0.00	\$ 200.00
2. Name and Address: <u>Carolyle Towers</u> 560 Little Lake Dr Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____	\$ 100.00	\$ 0.00	\$ 100.00
2. Name and Address: <u>David Read</u> 713 Merlin Way Dexter, MI 48130 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____	\$ 500.00	\$ 0.00	\$ 605.00
2. Name and Address: <u>Pam Boyd</u> 517 Linden Ln Ann Arbor, MI 48103 3. Date of Receipt: <u>5/19/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____	\$ 100.00	\$ 0.00	\$ 100.00
Page Subtotal:	\$ 1,250.00	\$ 0.00	\$ 1,455.00
Grand Total: (Complete on last page of Schedule)	\$	\$	\$
Page <u>6</u> of _____	Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Jessica Flintoff		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Michelle Cody 4620 Stein Road Ann Arbor, MI. 48103 3. Date of Receipt: 5/20/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 100.00
2. Name and Address: Carol Williams 8350 W Liberty Rd Ann Arbor, MI. 48103 3. Date of Receipt: 5/22/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$ 50.00
2. Name and Address: Barbara Bolt 3000 Miller Rd Ann Arbor, MI 48103 3. Date of Receipt: 5/22/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$ 50.00
2. Name and Address: Marci Feinberg 3498 Timberwood Land Ann Arbor, MI 48103 3. Date of Receipt: 5/18/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 100.00
2. Name and Address: Lisa Emmer 901 N. Wagner Rd Ann Arbor, MI. 48103 3. Date of Receipt: 5/20/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 50.00	\$ 0.00	\$ 50.00
2. Name and Address: Elizabeth Pattinson 701 N Angus Loop Palmer, AK 99645 3. Date of Receipt: 5/20/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 100.	\$ 0.00	\$ 100.00
Page Subtotal:		\$ 450.00	\$ 0.00	\$ 450.00
Grand Total: (Complete on last page of Schedule)		\$	\$	\$
Page 7 of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft			
Enter contributor's name and address,		5. Amount	6. Amount (In-Kind)	7. Cumulative	
2. Name and Address: Brenna Reichman 2735 N Sequoia Pkwy Ann Arbor, MI 48103 3. Date of Receipt: <u>5/22/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Nurse Practitioner</u> Employer: <u>Integrative Healthcare Providers</u> Place of Business: <u>2800 State St, Ann Arbor, 48104</u>		\$ 250.00	\$ 0.00	\$ 250.00	
2. Name and Address: Gretta Spier 3550 W. Huron River Dr Ann Arbor, MI 48103 3. Date of Receipt: <u>5/22/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 200.00	\$ 0.00	\$ 200.00	
2. Name and Address: Nancy Burbano 519 Woodgrove Dr. Ann Arbor, MI 48103 3. Date of Receipt: <u>5/27/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 75.00	\$ 0.00	\$ 75.00	
2. Name and Address: Ryan Yaple 1007 Summerfield Glen Circle Ann Arbor, MI 48103 3. Date of Receipt: <u>5/27/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Food Distribution</u> Employer: <u>Self</u> Place of Business: <u>Home</u>		\$ 500.00	\$ 0.00	\$ 500.00	
2. Name and Address: Mary Gillis 580 Little Lake Dr, Unit 10 Ann Arbor, MI 48103 3. Date of Receipt: <u>6/6/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Deputy Clerk</u> Employer: <u>Scio Township</u> Place of Business: <u>Hom#827 N. Zeeb, Ann Arbor, 48103</u>		\$ 5,000.00	\$ 0.00	\$ 5,200.00	
2. Name and Address: Bill Stein 1314 S. Zeeb Rd Ann Arbor, MI 48103 3. Date of Receipt: <u>6/16/23</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ 100.00	\$ 0.00	\$ 200.00	
		Page Subtotal:	\$ 6,125	\$ 0.00	\$ 5,475.00
		Grand Total: (Complete on last page of Schedule)	\$	\$	\$
Page <u>8</u> of _____		Forward to #1 Summary Page	Forward to #2 Summary Page		



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Solo Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Tara Cohen 865 N. Wagner Road Ann Arbor, MI 48103 3. Date of Receipt: 5/17/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Manager</u> Employer: <u>Washtenaw County</u> Place of Business: <u>work from home</u>		\$ 0.00	\$ 45.57	\$ 70.57
2. Name and Address: HOMES Campus 112 Jackson Plaza Ann Arbor, MI 48103 3. Date of Receipt: 5/19/23 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 0.00	\$ 750.00	\$ 750.00
2. Name and Address: Tara Cohen 865 N. Wagner Road Ann Arbor, MI 48103 3. Date of Receipt: 5/19/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Manager</u> Employer: <u>Washtenaw County</u> Place of Business: <u>work from home</u>		\$ 0.00	\$ 280.00	\$ 350.17
2. Name and Address: Tara Cohen 865 N. Wagner Road Ann Arbor, MI 48103 3. Date of Receipt: 5/19/23 4. If over \$100.00 cumulative, please provide: Occupation: <u>Manager</u> Employer: <u>Washtenaw County</u> Place of Business: <u>work from home</u>		\$ 0.00	\$ 219.98	\$ 570.15
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ 0.00	\$ 1,295.50	\$ 1,740.89
Grand Total: (Complete on last page of Schedule)		\$ 10,010	\$ 1,295.50	\$ 12,410.89
Page 9 of 9		Forward to #1 Summary Page	Forward to #2 Summary Page	



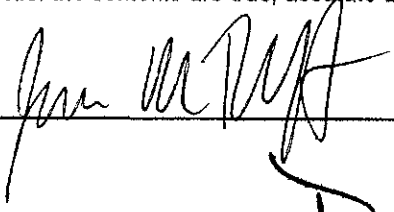

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
04/24/2023

**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: LDF-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI. 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI. 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI. 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution</p> <p>____/____/____</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>4,21,23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>4,21,23</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>311.01</u>	1b. \$ <u>311.01</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>311.01</u>	3b. \$ <u>311.01</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>0.00</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1,225.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>311.01</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>1,536.01</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,536.01</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-016 Legal Defense Fund for Selo Township Clerk Jessica Flintoft		
Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Committee to Recall Hathaway, Jerome, and Vogel P-2021-003</u> 3. Date of Receipt: <u>01/23/2023</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>N/A</u> Employer: _____ Place of Business: _____	\$ <u>111.01</u>	\$ <u>0.00</u>	\$ <u>111.01</u>
2. Name and Address: <u>Patricia Stein 1413 South Zeeb Road Ann Arbor, MI. 48103</u> 3. Date of Receipt: <u>03/08/2023</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: <u>William Stein 1413 South Zeeb Road Ann Arbor, MI. 48103</u> 3. Date of Receipt: <u>03/08/2023</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</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>311.01</u>	\$ <u>0.00</u>	\$ <u>311.01</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>311.01</u>	\$ <u>0.00</u>	\$ <u>311.01</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

Received via disclosure@michigan.gov
01/27/2023

**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: DF-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI. 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI. 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</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>_____/_____/____</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: *Jessica M. Flintoft* 1, 19, 23

Treasurer's/Designated Record Keeper's Signature and Date: *David S. Read* 1, 19, 23



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>15,900.00</u>	1b. \$ <u>47,250.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>15,900.00</u>	3b. \$ <u>47,250.00</u>
4. Itemized Expenditures	4a. \$ <u>16,097.05</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>16,097.05</u>	6b. \$ <u>46,025.00</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1,422.05</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>15,900.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>17,322.05</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>16,097.05</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,225.00</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:

Legal Defense Fund for Scio Township Clerk Jessica Flintoft

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>William and Patricia Stein</u> <u>1413 S. Zeeb Road</u> <u>Ann Arbor, MI. 48103</u> 3. Date of Receipt: <u>11/21/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>1,350.00</u>
2. Name and Address: <u>Jessica Flintoft</u> <u>865 N. Miller Road</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>10/10/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Township Clerk</u> Employer: <u>Scio Township</u> Place of Business: <u>827 N Zeeb Road, Ann Arbor</u>	\$ <u>4,500.00</u>	\$ <u>0.00</u>	\$ <u>9,500.00</u>
2. Name and Address: <u>William and Patricia Stein</u> <u>1413 S. Zeeb Road</u> <u>Ann Arbor, MI. 48103</u> 3. Date of Receipt: <u>10/13/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: <u>Scio Township</u> Place of Business: <u>827 N Zeeb Road, Ann Arbor</u>	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>1,450.00</u>
2. Name and Address: _____ 3. Date of Receipt: <u>10/28/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
Page Subtotal:	\$ <u>4,700.00</u>	\$ <u>0.00</u>	\$ <u>12,300.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>15,900.00</u>	\$ <u>0.00</u>	\$ <u>24,850.00</u>
Page <u>2</u> of <u>2</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: Legal Defense Fund for Scio Township Clerk Jessica Flintoff	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Dykema Gossett 400 Renaissance Center Detroit, MI 48243	Legal Fees	10/14/22	\$ 6,000.00
Dykema Gossett 400 Renaissance Center Detroit, MI 48243	Legal Fees	11/4/22	\$ 5,000.00
Dykema Gossett 400 Renaissance Center Detroit, MI 48243	Legal Fees	12/2/22	\$ 5,097.05
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Page Subtotal			\$ 16,097.05
Grand Total (Complete on last page of Schedule)			\$ 16,097.05
Page 1 of 1			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: LDf-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI. 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI. 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input checked="" type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution</p> <p>____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u><i>Jessica Flintoft</i></u> <u>1, 19, 23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>David S. Read</i></u> <u>1, 19, 23</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>3,050.00</u>	1b. \$ <u>31,350.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>3,050.00</u>	3b. \$ <u>31,350.00</u>
4. Itemized Expenditures	4a. \$ <u>1,627.95</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>1,627.95</u>	6b. \$ <u>29,927.95</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.0</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>3,050.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>3,050.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>1,627.95</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,422.05</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: Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Peter Heydon</u> <u>3562 W. Huron River Drive</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>7/15/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>	\$ <u>2,000.00</u>	\$ <u>0.00</u>	\$ <u>2,000.00</u>
2. Name and Address: <u>Elaine Brock</u> <u>3435 Miller Road</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>7/20/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>C3 Authority, LLC</u> Place of Business: <u>Ann Arbor</u>	\$ <u>350.00</u>	\$ <u>0.00</u>	\$ <u>350.00</u>
2. Name and Address: <u>Jonathon Greenberg</u> <u>650 Park Road</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>9/15/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Director of Data</u> Employer: <u>Cogstate</u> Place of Business: <u>Ann Arbor</u>	\$ <u>300.00</u>	\$ <u>0.00</u>	\$ <u>300.00</u>
2. Name and Address: <u>Jean Hergott</u> <u>685 Merlin Way</u> <u>Dexter, MI. 48130</u> 3. Date of Receipt: <u>9/21/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Physician's Assistant</u> Employer: <u>Michigan Medicine</u> Place of Business: <u>Ann Arbor</u>	\$ <u>250.00</u>	\$ <u>0.00</u>	\$ <u>250.00</u>
2. Name and Address: <u>William and Patricia Stein</u> <u>1413 s. Zeeb Road</u> <u>Ann Arbor, MI. 48103</u> 3. Date of Receipt: <u>9/30/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>1,100.00</u>
2. Name and Address: <u>Janet V. Haynes</u> <u>1410 S. Zeeb Road</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>9/30/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
Page Subtotal:	\$ <u>3,050.00</u>	\$ <u>0.00</u>	\$ <u>4,050.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>3,050</u>	\$ <u>0.00</u>	\$ <u>4,050.00</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: Legal Defense Fund for Scio Township Clerk Jessica Flintoft	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Bank of Ann Arbor 125 S. 5th Avenue Ann Arbor, MI 48107	Check Fee	7/26/22	\$ 27.95
Dykema Gossett 400 Renaissance Center Detroit, MI 48243	Legal Fees	8/24/22	\$ 1,600.00
Page Subtotal			\$ 1,627.95
Grand Total (Complete on last page of Schedule)			\$ 1,627.95
Page 1 of 1			Forward to #3 Summary Page

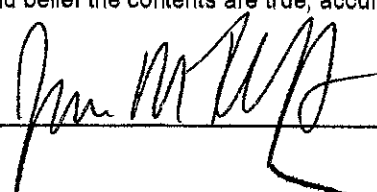



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: LDF-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI. 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI. 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input checked="" type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution</p> <p>_____/_____/_____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u></u> <u>1, 19, 23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>1, 19, 23</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>8,300.00</u>	1b. \$ <u>28,300.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>8,300.00</u>	3b. \$ <u>28,300.00</u>
4. Itemized Expenditures	4a. \$ <u>8,300.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>8,300.00</u>	6b. \$ <u>28,300.00</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.0</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>8,300.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>8,300.00</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>0.00</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:

Legal Defense Fund for Scio Township Clerk Jessica Flintoft

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>George Miller</u> <u>3100 Delhi Road</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>5/8/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Childcare Center owner</u> Employer: <u>The Discovery Center</u> Place of Business: <u>776 S. Maple Road, Ann Arbor</u>	\$ <u>300.00</u>	\$ <u>0.00</u>	\$ <u>300.00</u>
2. Name and Address: <u>Steve Schwartz</u> <u>2580 Craig Road</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>5/10/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Author</u> Employer: <u>Self - employed</u> Place of Business: <u>2680 Craig Road, Ann Arbor</u>	\$ <u>5,000.00</u>	\$ <u>0.00</u>	\$ <u>15,000.00</u>
2. Name and Address: <u>Frode Maaseidevag</u> <u>5127 Dexter Ann Arbor Road</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>5/19/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>	\$ <u>2,000.00</u>	\$ <u>0.00</u>	\$ <u>2,000.00</u>
2. Name and Address: <u>Steven and Marci Feinberg</u> <u>3498 Timberwood Lane</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>5/19/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>	\$ <u>1,000.00</u>	\$ <u>0.00</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: _____	\$ _____	\$ _____	\$ _____
Page Subtotal:	\$ <u>3,300.00</u>	\$ <u>0.00</u>	\$ <u>18,300</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>3,300.00</u>	\$ <u>0.00</u>	\$ <u>18,300.00</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: Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Dykema Gossett 400 Renaissance Center Detroit, MI 48243	Legal Fees	5/9/22	\$ 300.00
Dykema Gossett 400 Renaissance Center Detroit, MI 48243	Legal Fees	5/11/22	\$ 5,000.00
Dykema Gossett 400 Renaissance Center Detroit, MI 48243	Legal Fees	5/20/22	\$ 3,000.00
			\$
			\$
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			\$
			\$
			\$
			\$
			\$
Page Subtotal			\$ 8,300.00
Grand Total (Complete on last page of Schedule)			\$ 8,300.00
Page 1 of 1			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: LDf-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI. 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI. 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input checked="" type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution</p> <p>_____/_____/_____</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: *Jessica Flintoft* 1, 19, 23

Treasurer's/Designated Record Keeper's Signature and Date: *David S. Read* 1, 19, 23



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>20,000.00</u>	1b. \$ <u>20,000.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>20,000.00</u>	3b. \$ <u>20,000.00</u>
4. Itemized Expenditures	4a. \$ <u>20,000.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>20,000.00</u>	6b. \$ <u>20,000.00</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>20,000.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>20,000.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>20,000.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *

* The ending balance must always be a positive number.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND**

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

Legal Defense Fund for Scio Township Clerk Jessica Flintoft

Enter contributor's name and address.	5. Amount	6. Amount (in-Kind)	7. Cumulative
2. Name and Address: <u>David and Alisande Read</u> <u>713 Merlin Way</u> <u>Dexter, MI 48130</u> 3. Date of Receipt: <u>3/25/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>	\$ <u>2,000.00</u>	\$ <u>0.00</u>	\$ <u>2,000.00</u>
2. Name and Address: <u>Kathleen Brant and Maureen Richards</u> <u>2534 Roseland Drive</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>3/25/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>	\$ <u>6,000.00</u>	\$ <u>0.00</u>	\$ <u>6,000.00</u>
2. Name and Address: <u>Steven Schwartz</u> <u>2580 Craig Road</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>3/25/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Author</u> Employer: <u>Self-employed</u> Place of Business: <u>N/A</u>	\$ <u>10,000.00</u>	\$ <u>0.00</u>	\$ <u>10,000.00</u>
2. Name and Address: <u>Peter Davis</u> <u>107 Aprill Drive, Suite 3</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>3/25/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Davis Law Firm, PC</u> Place of Business: <u>Scio Township</u>	\$ <u>500.00</u>	\$ <u>0.00</u>	\$ <u>500.00</u>
2. Name and Address: <u>William and Patricia Stein</u> <u>1413 South Zeeb Road</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>3/25/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>	\$ <u>1,000.00</u>	\$ <u>0.00</u>	\$ <u>1,000.00</u>
2. Name and Address: <u>Peter C. Flintoft</u> <u>119 S. Main Street</u> <u>Chelsea, MI 48118</u> 3. Date of Receipt: <u>3/25/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Keusch, Flintoft & Fink, PC</u> Place of Business: <u>Chelsea</u>	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
Page Subtotal:	\$ <u>19,600.00</u>	\$ <u>0.00</u>	\$ <u>19,600.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Page <u>1</u> of <u>2</u>	Forward to #1 Summary Page	Forward to #2 Summary Page	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND**

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

Legal Defense Fund for Scio Township Clerk Jessica Flintoft

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Jim Knol</u> <u>1778 Snowberry Ridge Road</u> <u>Ann Arbor, MI 48103</u> 3. Date of Receipt: <u>3/27/22</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Physician</u> Employer: <u>UofM</u> Place of Business: <u>Ann Arbor</u>	\$ <u>400.00</u>	\$ <u>0.00</u>	\$ <u>400.00</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
Page Subtotal:	\$ <u>400.00</u>	\$ <u>0.00</u>	\$ <u>400.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>20,000.00</u>	\$ <u>0.00</u>	\$ <u>20,000.00</u>
Page <u>2</u> of <u>2</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:
Legal Defense Fund for Scio Township Clerk Jessica Flintoff

2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Dykema Gossett 400 Renaissance Center Detroit, MI 48243	Legal Fees	3/31/22	\$ 20,000.00
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ 20,000.00
Grand Total (Complete on last page of Schedule)			\$ 20,000.00
Page 1 of 1			Forward to #3 Summary Page



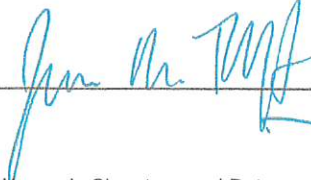
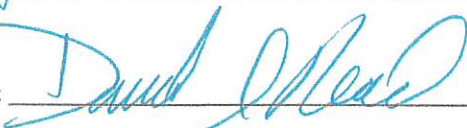
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
11/06/2022

LEGAL DEFENSE FUND
COVER PAGE

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>LDF-016</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: <u>7346577569</u></p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: <u>Scio Township Clerk</u></p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130</p> <p>3d. Treasurer's Phone Number(s): <u>7346577569</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u></u> <u>10, 28, 22</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>10, 28, 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>3,050.00</u>	1b. \$ <u>31,600.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>3,050.00</u>	3b. \$ <u>31,600.00</u>
4. Itemized Expenditures	4a. \$ <u>1,627.95</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>1,627.95</u>	6b. \$ <u>24,603.55</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>5,574.40</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>3,050.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>8,624.40</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>1,627.95</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>6,996.45</u> *

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

<p align="center">ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND</p>	<p>1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p>
---	--

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
<p>2. Name and Address: 3. Date of Receipt: <u>07/15/2022</u> Peter N. Heydon 3562 W. Huron River Drive Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>n/a</u> Place of Business: <u>n/a</u></p>	\$ <u>2,000.00</u>	\$ _____	\$ <u>2,000.00</u>
<p>2. Name and Address: 3. Date of Receipt: <u>07/20/2022</u> Elaine Brock 3435 Miller Road Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>C3 Authority, LLC</u> Place of Business: <u>Ann Arbor, MI</u></p>	\$ <u>350.00</u>	\$ _____	\$ <u>350.00</u>
<p>2. Name and Address: 3. Date of Receipt: <u>09/15/2022</u> Jonathan Greenberg 650 Park Road Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>Director of Data</u> Employer: <u>Cogstate</u> Place of Business: <u>Ann Arbor, MI</u></p>	\$ <u>300.00</u>	\$ _____	\$ <u>300.00</u>
<p>2. Name and Address: 3. Date of Receipt: <u>09/21/2022</u> Jean M. Hergot 685 Merlin Way Dexter, MI 48130 4. If over \$100.00 cumulative, please provide: Occupation: <u>Physician's Assistant</u> Employer: <u>Michigan Medicine</u> Place of Business: <u>Ann Arbor, MI</u></p>	\$ <u>250.00</u>	\$ _____	\$ <u>250.00</u>
<p>2. Name and Address: 3. Date of Receipt: <u>09/30/2022</u> Patricia Stein 1413 S. Zeeb Road Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>n/a</u> Place of Business: <u>n/a</u></p>	\$ <u>100.00</u>	\$ _____	\$ <u>1,100.00</u>
<p>2. Name and Address: 3. Date of Receipt: <u>09/30/2022</u> Janet V. Haynes 1410 S. Zeeb Road Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>n/a</u> Place of Business: <u>n/a</u></p>	\$ <u>50.00</u>	\$ _____	\$ <u>50.00</u>
Page Subtotal:	\$ <u>3050.00</u>	\$ <u>-0-</u>	\$ <u>4050.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>3050.00</u>	\$ <u>-0-</u>	\$ <u>4050.00</u>
Page <u>1</u> of <u>1</u>	Forward to #1 Summary Page	Forward to #2 Summary Page	



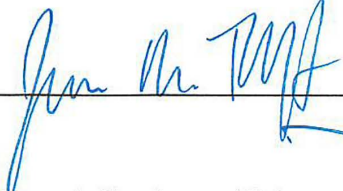

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

**LEGAL DEFENSE FUND
COVER PAGE**

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>LDF-016</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: <u>7346577569</u></p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130</p> <p>3d. Treasurer's Phone Number(s): <u>7346577569</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, 10, 22</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>10, 10, 22</u></p>	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft
---	--

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: <u>07/15/2022</u> Peter N. Heydon 3562 W. Huron River Drive Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>n/a</u> Place of Business: <u>n/a</u>	\$ <u>2,000.00</u>	\$ _____	\$ <u>2,000.00</u>
2. Name and Address: 3. Date of Receipt: <u>07/20/2022</u> Elaine Brock 3435 Miller Road Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>C3 Authority, LLC</u> Place of Business: <u>Ann Arbor, MI</u>	\$ <u>350.00</u>	\$ _____	\$ <u>350.00</u>
2. Name and Address: 3. Date of Receipt: <u>09/15/2022</u> Jonathan Greenberg 650 Park Road Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>Director of Data</u> Employer: <u>Cogstate</u> Place of Business: <u>Ann Arbor, MI</u>	\$ <u>300.00</u>	\$ _____	\$ <u>300.00</u>
2. Name and Address: 3. Date of Receipt: <u>09/21/2022</u> Jean M. Hergot 685 Merlin Way Dexter, MI 48130 4. If over \$100.00 cumulative, please provide: Occupation: <u>Physician's Assistant</u> Employer: <u>Michigan Medicine</u> Place of Business: <u>Ann Arbor, MI</u>	\$ <u>250.00</u>	\$ _____	\$ <u>250.00</u>
2. Name and Address: 3. Date of Receipt: <u>09/30/2022</u> Patricia Stein 1413 S. Zeeb Road Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>n/a</u> Place of Business: <u>n/a</u>	\$ <u>100.00</u>	\$ _____	\$ <u>1,100.00</u>
2. Name and Address: 3. Date of Receipt: <u>09/30/2022</u> Janet V. Haynes 1410 S. Zeeb Road Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>n/a</u> Place of Business: <u>n/a</u>	\$ <u>50.00</u>	\$ _____	\$ <u>50.00</u>
Page Subtotal:	\$ <u>3050.00</u>	\$ <u>-0-</u>	\$ <u>4050.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>3050.00</u>	\$ <u>-0-</u>	\$ <u>4050.00</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

Received via disclosure@michigan.gov
08/15/2022

**LEGAL DEFENSE FUND
COVER PAGE**

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: LDF-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution _____/_____/_____ By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u><i>Jan M. Muff</i></u> <u>7/13/2022</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>David S. Read</i></u> <u>7/13/2022</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>8550.00</u>	1b. \$ <u>28550.00</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>8550.00</u>	3b. \$ <u>28550.00</u>
4. Itemized Expenditures	4a. \$ <u>22,975.60</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>22,975.60</u>	6b. \$ _____

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>20,000.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>8550.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>28,550.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>22,975.60</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>5574.40</u> *

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-016 Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Frode Maaseidevaag 5127 Dexter Ann Arbor Road Ann Arbor, MI 48103 3. Date of Receipt: <u>05/23/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>		\$ <u>2000.00</u>	\$ <u> </u>	\$ <u>2000</u>
2. Name and Address: Steve Schwartz 2580 Craig Road Ann Arbor, MI 48103 3. Date of Receipt: <u>05/10/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>author</u> Employer: <u>self-employed</u> Place of Business: <u>2580 Craig Road, Ann Arbor</u>		\$ <u>5000.00</u>	\$ <u> </u>	\$ <u>15000</u>
2. Name and Address: Steven and Marci Feinberg 3498 Timberwood Lane Ann Arbor, MI 48103 3. Date of Receipt: <u>05/19/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>		\$ <u>1000.00</u>	\$ <u> </u>	\$ <u>1000</u>
2. Name and Address: George Miller 3100 Delhi Road Ann Arbor, MI 48103 3. Date of Receipt: <u>early may</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>childcare center owner</u> Employer: <u>The Discovery Center</u> Place of Business: <u>775 South Maple Road, Ann Arbor</u>		\$ <u>300.00</u>	\$ <u> </u>	\$ <u>300</u>
2. Name and Address: Jessica Flintoft 865 North Wagner Road Ann Arbor, MI 48103 3. Date of Receipt: <u>5/2/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Township Clerk</u> Employer: <u>Scio Township</u> Place of Business: <u>827 N. Zeeb Road, Ann Arbor</u>		\$ <u>250.00</u>	\$ <u> </u>	\$ <u>250</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>8550.00</u>	\$ <u> </u>	\$ <u>18550.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>8550.00</u>	\$ <u> </u>	\$ <u>18550.00</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-016

2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Dykema 400 Renaissance Center Detroit, MI 48243	Legal fees	May 9, 2022	\$ 1,804.00
Dykema 400 Renaissance Center Detroit, MI 48243	Legal fees	May 9, 2022	\$ 21,171.60
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ 22,975.60
Grand Total (Complete on last page of Schedule)			\$ 22,975.60
Page / of /			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
08/16/2022

**LEGAL DEFENSE FUND
COVER PAGE**

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: LDF-016</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: 7346577569</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Scio Township Clerk</p>
<p>3a. Treasurer's Full Name: David S. Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130</p> <p>3d. Treasurer's Phone Number(s): 7346577569</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input checked="" type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u><i>Jessica M. Flintoft</i></u> <u>7/13/2022</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>David S. Read</i></u> <u>7/17/2022</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>20000.00</u>	1b. \$ <u>20000.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>20000.00</u>	3b. \$ <u>20000.00</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u> </u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>0.00</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>20000.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>20000.00</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>20000.00</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: Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: David and Alisande Read 713 Merlin Way Dexter, MI 48130 3. Date of Receipt: <u>03/25/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>		\$ <u>2,000.00</u>	\$ <u>0.00</u>	\$ <u>2,000.00</u>
2. Name and Address: Kathleen Brant and Maureen Richards 2534 Roseland Drive Ann Arbor, MI 48103 3. Date of Receipt: <u>03/25/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>		\$ <u>6,000.00</u>	\$ <u>0.00</u>	\$ <u>6,000.00</u>
2. Name and Address: Steven Schwartz 2580 Craig Road Ann Arbor, MI 48103 3. Date of Receipt: <u>03/25/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Author</u> Employer: <u>self-employed</u> Place of Business: <u>N/A</u>		\$ <u>10,000.00</u>	\$ <u>0.00</u>	\$ <u>10,000.00</u>
2. Name and Address: Peter Davis 107 Aprill Drive, Suite 3 Ann Arbor, MI 48103 3. Date of Receipt: <u>03/25/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Davis Law Firm, PC</u> Place of Business: <u>Scio Township</u>		\$ <u>500.00</u>	\$ <u>0.00</u>	\$ <u>500.00</u>
2. Name and Address: William and Patricia Stein 1413 South Zeeb Road Ann Arbor, MI 48103 3. Date of Receipt: <u>03/25/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>retired</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>		\$ <u>1,000.00</u>	\$ <u>0.00</u>	\$ <u>1,000.00</u>
2. Name and Address: Jim Knol 1778 Snowberry Ridge Road Ann Arbor, MI 48103 3. Date of Receipt: <u>03/27/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>physician</u> Employer: <u>UofM</u> Place of Business: <u>Ann Arbor</u>		\$ <u>400.00</u>	\$ <u>0.00</u>	\$ <u>400.00</u>
Page Subtotal:		\$ <u>19,900.00</u>	\$ <u>0.00</u>	\$ <u>19,900.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>1</u> of <u>2</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Peter C. Flintoft 119 S. Main Street Chelsea, MI 48118 3. Date of Receipt: <u>03/25/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Keusch Flintoft & Fink, PC</u> Place of Business: <u>Chelsea</u>		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>20,000.00</u>	\$ <u>0.00</u>	\$ <u>20,000.00</u>
Page <u>2</u> of <u>2</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

RECEIVED/FILED
MICHIGAN DEPT OF STATE

1. Legal Defense Fund ID #:

2. Type of Filing: Original Filing Amendment: Items: _____ Eff. Date: 2022 MAY -6 PM 3: 37

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")
Legal Defense Fund for Scio Township Clerk Jessica Flintoft

4. Public Official Full Name (Last, First, M.I.):
Flintoft, Jessica, M.

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:
Township Clerk |
| <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: Scio Township

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

Jessica Flintoft as Scio Township Clerk v. Scio Township Board of Trustees, Washtenaw County Circuit Court, 22-000414-CZ, filing for Declaratory Judgment and Injunctive Relief from Board's interference with Clerk carrying out her statutory duties.

7. Date of Initial Contribution/Expenditure: 03 / 28 / 2022

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

P.O. Box 2273
Ann Arbor, MI 48106

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

865 North Wagner Road
Ann Arbor, MI 48103

8c. Legal Defense Fund Phone #: (510) 384-9652

8d. Legal Defense Fund Fax #: N/A

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

8f. Legal Defense Fund Web Address: N/A

9a. Treasurer Name and Complete Street Address:

David Read
713 Merlin Way
Dexter, MI 48130

9b. Treasurer Phone #: (734) 657-7569

9c. Treasurer E-mail Address: davidread@bitsoflight.com

10. Designated Recordkeeper Name:

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

Bank of Ann Arbor
2204 West Stadium Boulevard
Ann Arbor, MI 48103

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] 5/2/22
Date

Current Treasurer Signature: [Signature] 5/2/22
Date



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
COVER PAGE**

RECEIVED/FILED
MICHIGAN DEPT OF STATE

2022 MAY -6 PM 3:38

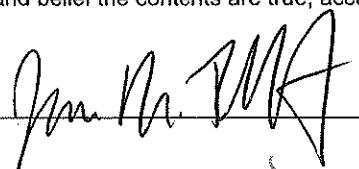
ELECTIONS/GREAT SEAL


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: _____</p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Township Clerk Jessica Flintoft</p> <p>1c. Legal Defense Fund Address: 865 North Wagner Road Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: _____</p>	<p>2a. Official's Full Name: Jessica Madeleine Flintoft</p> <p>2b. Official's Office: Clerk of Scio Township</p>
<p>3a. Treasurer's Full Name: David Read</p> <p>3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48103</p>	<p>3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48103</p> <p>3d. Treasurer's Phone Number(s): <u>(734) 657-7569</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>

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:  5/2/22

Treasurer's/Designated Record Keeper's Signature and Date:  5/2/22



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>20,000.00</u>	1b. \$ <u>20,000.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>20,000.00</u>	3b. \$ <u>20,000.00</u>
4. Itemized Expenditures	4a. \$ <u>1,804.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>1,804.00</u>	6b. \$ <u>1,804.00</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>20,000.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>20,000.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>1,804.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>18,196.00</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: Legal Defense Fund for Scio Township Clerk Jessica Flintoft		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Peter C. Flintoft 119 S. Main Street Chelsea, MI 48118 3. Date of Receipt: <u>03/25/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer: <u>Keusch Flintoft & Fink, PC</u> Place of Business: <u>Chelsea</u>		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>20,000.00</u>	\$ <u>0.00</u>	\$ <u>20,000.00</u>
Page <u>2</u> of <u>2</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	