

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

and Official.			
1a. Legal Defense Fund I.D. Number: 020 1b. Legal Defense Fund Name: Legal Defense Fund for Jillian Kerry 1c. Legal Defense Fund Address: 153 Luella Ave Ann Arbor, MI 48103	2a. Official's Full Name: Jillian Michele Kerry 2b. Official's Office: Scio Township Trustee		
1d. Legal Defense Fund Phone: 734-271-5982			
3a. Treasurer's Full Name: David S. Read 3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130	3c. Treasurer's Business Address: N/A		
	3d. Treasurer's Phone Number(s):		
4a. Quarterly Transaction Report Covering:	5. Dissolution of Legal Defense Fund: Effective Date of Dissolution		
■ July 1 – September 30; Due: October 25th			
October 1 – December 31; Due: January 25th	By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.		
4b. Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)			
6. Verification: I\We certify that all reasonable diligence 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: Treasurer's/Designated Record Keeper's Signature and	M Kery 10 123 124 Date: David & Plead 10 15 124		
II 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3			



LEGAL DEFENSE FUND SUMMARY PAGE

Clear Form

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	_{1a. \$} 31,308.00	_{1b. \$} 81,968.00
2. In-Kind Contributions	2a. \$	2b. \$ 0
3. TOTAL CONTRIBUTIONS	_{3a. \$} <u>31,308.00</u>	_{3b. \$} 81,968.00
4. Itemized Expenditures	4a. \$ _30,372.95	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ 0.00	
6. TOTAL EXPENDITURES	6a. \$ 30,372.95	_{6b. \$} 80,392.95
BAI	ANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ _640.00	
Amount received during reporting period (Item 1a.)	8. \$_31,308.00	
9. SUBTOTAL Add lines 7 and 8	9. \$ 31,948.00	
10. Amount expended during reporting period (Item 6a.)	_{10.\$} 30,372.95	
11. ENDING BALANCE (Subtract line 10 from line 9)	1,575.05	
(* The ending balance must always be a positi	ve number.

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: 7/1/2024			
Alan Burbano			
519 Woodgrove Dr. Ann Arbor, MI 48103	\$ 100.00	\$ 0.00	\$_100.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/1/2024			
Frode Maaseidvaag			
5127 Dexter-Ann Arbor Rd, Ann Arbor, MI 48103	\$ 100.00	\$ 0.00	\$ <u>100.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/1/2024			
Marci Feinberg			
3498 Timberwood Ln, Ann Arbor, MI 48103	\$ 500.00	\$_0.00	\$ 500.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired	φ <u>500.00</u>	Ψ 0.00	Ψ 500.00
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/2/2024			
Andrea Streiter			
6793 Dexter Ann Arbor Rd, Ann Arbor, MI 48103	\$ 50.00	\$ 0.00	\$_50.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/2/2024 Anne Streiter			
7869 Scio Church Rd, Ann Arbor, MI 48103	\$ 100.00	\$ 0.00	¢ 100.00
	Ψ 100.00	Ψ 0.00	\$ 100.00
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/2/2024			
Caroline Altomare			
3709 West St, Ann Arbor, MI 48103	\$ 100.00	\$ 0.00	\$ 100.00
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
Page Subtotal:	\$ 950.00	\$ 0.00	\$ 950.00
Grand Total: (Complete on last page of Schedule)	S	\$	\$
(complete on last page of contentie)	Forward to	Forward to	
Page of	#1 Summary Page	#2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

2. Name and Address: 3. Date of Receipt: 7/2/2024 S 50.00 \$ 50.00 \$ 50.00	Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
S	2. Name and Address: 3. Date of Receipt: 7/2/2024		(III TUIIG)	Ournalative
## A. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/20244 Jonathan Greenberg 6089 Green Mountain Circle, Ann Arbor, MI 4. If over \$100.00 cumulative, please provide: Occupation: Master Builder Employer: Place of Business: Home 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kelly Ann Scherr 4238 Upper Glade Court, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Shelly Schanfield 5201 Birkdale DR, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation, Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation, Distribution Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation, Distribution Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kathleen Brant 5234 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation, Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kathleen Brant 5234 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation, Retired Employer: Place of Business: Page Subtotal: \$ 1,125.0 \$ 0.00 \$ 1,125.0 Grand Total: (Complete on last page of Schedule) Forward to Fo	Melinda Stuber			
Employer: Place of Business: 3. Date of Receipt: 7/2/20244 Jonathan Greenberg 6089 Green Mountain Circle, Ann Arbor, MI 4. If over \$100.00 cumulative, please provide: Occupation: Master Builder Employer: Self Place of Business: HOME 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kelly Ann Scherr 4238 Upper Glade Court, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Shelly Schanfield 5201 Birkdale DR, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Shelly Schanfield 5201 Birkdale DR, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Self Place of Business: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 5.00.00 5.00.0	3627 West St., Ann Arbor, MI 48103	\$ 50.00	\$ 0.00	\$_50.00
Employer: Place of Business: 3. Date of Receipt: 7/2/20244 Jonathan Greenberg 6089 Green Mountain Circle, Ann Arbor, MI 4. If over \$100.00 cumulative, please provide: Occupation: Master Builder Employer: Self Place of Business: HOME 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kelly Ann Scherr 4238 Upper Glade Court, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Shelly Schanfield 5201 Birkdale DR, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Shelly Schanfield 5201 Birkdale DR, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Self Place of Business: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 5.00.00 5.00.0	4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Jonathan Greenberg 6089 Green Mountain Circle, Ann Arbor, MI 4. If over \$100.00 cumulative, please provide: Occupation: Master Builder Place of Business: Home 2. Name and Address: 3. Date of Receipt: 7/2/2024 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 5. Sound Service State Stat				
Section Sect	2. Name and Address: 3. Date of Receipt: 7/2/20244			
4. If over \$100.00 cumulative, please provide: Occupation: Master Builder Employer: Self	<u> </u>			
Employer: Self	6089 Green Mountain Circle, Ann Arbor, MI	\$ 200.00	\$ 0.00	\$ 200.00
Employer: Self	4 If over \$100.00 cumulative, please provide: Occupation: Master Builder			
2. Name and Address: 3. Date of Receipt: 7/2/2024 Kelly Ann Scherr 4238 Upper Glade Court, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Shelly Schanfield 5201 Birkdale DR, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Self Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: Page Subtotal: \$ 1,125.0 \$ 0.00 \$ 1,125.0 Carand Total: (Complete on last page of Schedule) 2	Employer: Self Place of Business: Home			
Kelly Ann Scherr 4238 Upper Glade Court, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address:				
4238 Upper Glade Court, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Shelly Schanfield 5201 Birkdale DR, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Self Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Self Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: Page Subtotal: \$ 1,125.0 \$ 0.00 \$ 1,125.0 Grand Total: (Complete on last page of Schedule) Forward to #1 Summany Power 2 of 500 cumulative #2 Summany				
4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Shelly Schanfield 5201 Birkdale DR, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Self Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Place of Business: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: \$500.00	.	€ 450.00	C 0.00	C 450.00
Employer:	4. If over \$100.00 cumulative please provide: Occupation: Retired	\$ 150.00	₽ 0.00	Φ <u>150.00</u>
2. Name and Address: 3. Date of Receipt: 7/2/2024 Shelly Schanfield 5201 Birkdale DR, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Self Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: Page Subtotal: \$ 1,125.0 \$ 0.00 \$ 1,125.0 Grand Total: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
Shelly Schanfield S201 Birkdale DR, Ann Arbor, MI 48103 \$125.00 \$1.000 \$1.25.0	Employer: Place of Business:		POR PORTE OF COMPANY O	
\$ 201 Birkdale DR, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business:	2. Name and Address: 3. Date of Receipt: 7/2/2024			
### Summary 4. If over \$100.00 cumulative, please provide: Occupation: Retired #### Retired #### Retired \$ 125.00 \$ 0.00 \$ 125.00				
4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer:	5201 Birkdale DR, Ann Arbor, MI 48103	\$ 125.00	\$ 0.00	\$ 125.00
Employer:	4. If over \$100.00 cumulative, please provide: Occupation: Retired			
2. Name and Address: 3. Date of Receipt: 7/2/2024 Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Self Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/2024 Kathleen Brant 2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: Page Subtotal: \$ 1,125.0 \$ 0.00 \$ 1,125.0 Grand Total: (Complete on last page of Schedule) S	Employer: Place of Business:			
Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103 \$ 100.00 \$ 100.00 \$ 100.00				
1007 E Summerfield Glen, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Self				
4. If over \$100.00 cumulative, please provide: Occupation: Distribution Employer: Self		\$ 100.00	\$ 0.00	\$ 100.00
Employer: Self	4. If over \$100.00 cumulative, please provide: Occupation: Distribution			
2. Name and Address: (Complete on last page of Schedule) 3. Date of Receipt: 7/2/2024 **Soo.00*** **Soo.00** **S	Employer Self Place of Business			
2534 Roseland Dr, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business:				
4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: Page Subtotal: \$ 1,125.0 \$ 0.00 \$ 1,125.0 Grand Total: (Complete on last page of Schedule) \$ \$ \$ \$ Forward to #1 Summary #2 Summary	Kathleen Brant			
4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer:	2534 Roseland Dr, Ann Arbor, MI 48103	\$ 500.00	\$ 0.00	\$ 500.00
Employer:	4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Grand Total: (Complete on last page of Schedule) \$ \$ \$ \$ \$ \$	Employer: Place of Business:			
(Complete on last page of Schedule) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ 1,125.0	\$ 0.00	\$ 1,125.0
Page 2 af #1 Summary #2 Summary		\$	\$	\$
	Page2 of	#1 Summary	#2 Summary	

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
Name and Address: 3. Date of Receipt: 7/2/2024		(III T (III G)	Camalativo
Rachel Siegel			
3821 Cindy Lane, Glen View, IL 60025	\$ 25.00	\$ 0.00	\$ 25.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 7/2/20244			
Cynthia Bogan			
1081 Bandera DR, Ann Arbor, MI 48103	\$ 250.00	\$ 0.00	\$ 250.00
A 15 Betired			
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/2/2024			
Sue Gordon 74 Rivby Hill Pd. Eccov. VT. 05452			
74 Bixby Hill Rd, Essex, VT, 05452	\$ 250.00	\$ 0.00	\$ 250.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/3/2024			
Rob Pattinson			
500 N. Zeeb Rd, Ann Arbor, MI 48103	\$ 1,000.0	\$ 0.00	\$ 1,000.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired	Ψ_1,000.0	<u> </u>	<u> </u>
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/3/2024			
Robert Bailey			
424 Little Lake DR, Apt 13, Ann Arbor, MI 48103	\$ 200.00	\$ 0.00	\$ 200.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Self Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/5/2024			
Deb Webster			
3100 E. Delhi Rd, Ann Arbor, MI 48103	\$ 500.00	\$ 0.00	\$ 500.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
Page Subtotal:	\$ 2,225.0	\$ 0.00	\$ 2,225.0
Grand Total: (Complete on last page of Schedule)	\$	\$	\$
	Forward to	Forward to	-
Page of	#1 Summary Page	#2 Summary Page	

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: 7/6/2024		(11.10.10.)	Camalauve
Lila Skjei			
5145 John Holmes Rd, Ann Arbor, MI 48103	\$ 100.00	\$ 0.00	\$ 100.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
Name and Address: 3. Date of Receipt: 7/8/2024	***************************************		
Gil Crisman			
3510 Bradford Sq, Ann Arbor, MI 48103	\$ 100.00	\$ 0.00	\$ 100.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
Name and Address: 3. Date of Receipt: 7/9/2024			
Holly Hughes			
2311 Lancashire Dr., Ann Arbor, MI 48105	€ 50.00	\$ 0.00	\$ 50.00
4. If over \$100.00 cumulative, please provide: Occupation: Professor	\$_50.00	Ψ 0.00	\$ 50.00
Employer: Univ. of Mich Place of Business: Ann Arbor, MI			
Name and Address: 3. Date of Receipt: 7/9/2024			
Joann Thorn			
2631 N. Maple Rd, Ann Arbor, MI 48103	₾ 100 00	£ 0.00	¢ 100 00
4. If over \$100.00 cumulative, please provide: Occupation: Retired	\$ <u>100.00</u>	\$_0.00	\$_100.00
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/9/2024			
John Norton			
2224 Zeeb Rd, Dexter, MI 48130	\$_50.00	\$ 0.00	\$_50.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/9/2024			
Nancy Stoll 3870 E Delhi Rd., Ann Arbor, MI 48103			
	\$ 50.00	\$_0.00	\$ 50.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:	450.00		150.00
Page Subtotal:	\$ 450.00	\$ 0.00	\$ <u>450.00</u>
Grand Total: (Complete on last page of Schedule)	\$	\$	\$
Page4 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:

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: 7/22/2024			
Bill Stein			
1314 S. Zeeb Road, Ann Arbor, MI 48103	\$ 300.00	\$ 0.00	\$_450.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/22/2024			
Carolyle Towers			
560 Little Lake Drive, #34, Ann Arbor, MI 48103	\$ 100.00	\$ <u>0.00</u>	\$ <u>100.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/22/2024			
David Spicer			
525 Baker Road, Dexter, MI 48130	\$ 200.00	\$ 0.00	\$ 200.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/22/2024			
Kathy Knol			
1778 Snowberry Ridge Rd, Ann Arbor, MI 48103	\$ 500.00	\$_0.00	\$_500.00
4. If over \$100.00 cumulative, please provide: Occupation: Township Trustee			
Employer: Scio Township Place of Business: 87 N. Ziech Bid, Arm Arbox, Md 48103			
2. Name and Address: 3. Date of Receipt: 7/26/2024			
Barbara Bolt			
3999 Miller Rd, Ann Arbor, MI 48103	\$ 50.00	\$ 0.00	\$_50.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/29/2024			
Denise Vessels			
2541 Scio Road, Ann Arbor, MI 48103	\$ 100.00	\$ 0.00	\$ 100.00
If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
Page Subtotal:	\$ 1,250.0	\$ 0.00	\$ 1,400.0
Grand Total: (Complete on last page of Schedule)	\$	\$	\$
	Forward to	Forward to	
Page of	#1 Summary Page	#2 Summary Page	

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

Enter contributor's name and address: 2. Name and Address: 3. Date of Receipt: 8/2/2024 Warren Widmayer 14333 Island Lake Rd, Chelsea, MI 48118 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: 2. Name and Address: 3. Date of Receipt: 8/2/2024 Brian Herron 6620 Dexter Ann Arbor Rd, Dexter, MI 48130 4. If over \$100.00 cumulative, please provide: Occupation: Vintner Employer: Self employed Place of Business: 1. Date of Receipt: 8/6/2024 Place of Business: 2. Name and Address: 3. Date of Receipt: 8/6/2024 Richard Burney 4319 Miller Rd, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 8/6/2024 David Harvey 5603 Versailles Ave., Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: CPA Employer: Place of Business: 3. Date of Receipt: 8/6/2024 Lila Skjei 145 John Holmes Rd, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 8/6/2024 Lila Skjei 145 John Holmes Rd, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 3. Date of Receipt: 8/6/2024 Lila Skjei 145 John Holmes Rd, Ann Arbor, MI 48103 5. 100.00 5. 0				
Warren Widmayer 14333 Island Lake Rd, Chelsea, MI 48118 \$ 250 00 \$ 2000	Enter contributor's name and address.	5. Amount		***************************************
14333 Island Lake Rd, Chelsea, MI 48118 \$_250.00 \$_0.00 \$_250.00	2. Name and Address: 3. Date of Receipt: 8/2/2024			
4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 8/2/2024 Brian Herron 6620 Dexter Ann Arbor Rd, Dexter, MI 48130 4. If over \$100.00 cumulative, please provide: Occupation: Vintner Employer: Self employed Place of Business: Home 2. Name and Address: 3. Date of Receipt: 8/6/2024 Richard Burney 4319 Miller Rd, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 8/6/2024 Employer: Place of Business: 2. Name and Address: 3. Date of Receipt: 8/6/2024 If over \$100.00 cumulative, please provide: Occupation: CPA Employer: Self employed Place of Business: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 2. Name and Address: 3. Date of Receipt: 8/6/2024 3. Date of Receipt: 8/6/2024 4. If over \$100.00 cumulative, please provide: Occupation; Retired Employer: Place of Business: 9250.00 \$ 0.00 \$ 200.00				
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\$ 250.00 \$ 2	Richard Burney			
4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer:	4319 Miller Rd, Ann Arbor, MI 48103	\$ 250.00	\$ 0.00	\$ 250.00
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Page of #1 Summary #2 Summary Page	(Complete on last page of Schedule)			\$
I I GMC I I GMC !	Page of	1		



ITEMIZED CONTRIBUTIONS **SCHEDULE 1**

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

Page

Page

Legal Defense Fund for Scio Trustee Kerry **LEGAL DEFENSE FUND** 020 6. Amount Amount Enter contributor's name and address. (In-Kind) Cumulative 2. Name and Address: 3. Date of Receipt: 7/15/2024 Warren Poor 5192 Park Rd, Ann Arbor, MI 48103 \$ 200.00 \$ 200.00 \$ 0.00 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Univerity of Michigan School of Social Work Place of Business: 1080 South University A2 48109 2. Name and Address: 3. Date of Receipt: 7/18/2024 Marcia Haddox 4949 Hobbiton Lane, Ann Arbor, 48103 \$ 0.00 \$ 100.00 \$ 100.00 4. If over \$100.00 cumulative, please provide: Occupation: Place of Business: Employer: _ 2. Name and Address: 3. Date of Receipt: 7/18/2024 Rebecca Serano 8447 Pinecross Lane, Ann Arbor, MI 48103 \$ 100.00 \$ 0.00 \$ 100.00 4. If over \$100.00 cumulative, please provide: Occupation:____ _____ Place of Business: Employer: 3. Date of Receipt: 7/18/2024 2. Name and Address: Cynthia Rice 3222 E Delhi Road,, Ann Arbor, MI 48103 \$ 50.00 \$ 0.00 \$ 50.00 4. If over \$100.00 cumulative, please provide: Occupation: Place of Business: Employer: 3. Date of Receipt: 7/19/2024 2. Name and Address: Peter Heydon 3562 W. Huron River Drive, Ann Arbor, MI 48103 \$ 1000.00 \$ 1000.00 \$ 0.00 4. If over \$100.00 cumulative, please provide: Occupation: Retired Place of Business: Employer: 2. Name and Address: 3. Date of Receipt: 7/21/2024 **Eugenia Pantely** 841 Waterman Dr, Ann Arbor, MI 48103 \$ 400.00 \$ 0.00 \$ 400.00 4. If over \$100.00 cumulative, please provide: Occupation: Retired Place of Business: Employer: \$ 1,850.0 \$ 1,8500.0 Page Subtotal: \$ 0.00 Grand Total: (Complete on last page of Schedule) \$ Forward to Forward to #2 Summary #1 Summary Page_

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: 7/10/2024			
Kim Phillips			
4267 Sherwood Forrest Ct, Ann Arbor, MI 48103	\$ <u>100.00</u>	\$ 0.00	\$_100.00
4. If over \$100.00 cumulative, please provide: Occupation: Social Worker			
Employer: University of Michigan School of Social Work Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/11/2024			
Jamie Wingler			
7925 Scio Church Rd., Ann Arbor, 48103	\$ 100.00	\$ 0.00	\$ 100.00
4. If over \$100.00 cumulative, please provide: Occupation: Mechanic			
Employer: Ford Motor Place of Business: Dearborn, MI 48120			
2. Name and Address: 3. Date of Receipt: 7/12/2024			
Bonnie Gorichan			
2430 E. Delhi, Ann Arbor, MI 48103			
_ 100 _ 1 _ 0,	\$ 100.00	\$ 0.00	\$ 100.00
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/14/2024			
David Wooten			
628 Dornoch, Ann Arbor, MI 48103	\$ 100.00	\$ 0.00	\$ 100.00
A 15 #400 00	Ψ 100.00	Ψ_0.00	Ψ_100.00
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/14/20124			
Lesli Daniel			
560 Little Lake Dr, Ann Arbor, MI 48103	\$_100.00	\$ 0.00	\$_100.00
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 7/14/20214			
Linda Stafford			
524 Lakeview Ave, Ann Arbor, MI 48103	\$ 100.00	\$ 0.00	\$_100.00
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
Page Subtotal:	\$ 600.00	\$ 0.00	\$ 600.00
Grand Total: (Complete on last page of Schedule)	\$	\$	\$
	Forward to	Forward to	
Page of	#1 Summary Page	#2 Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: 8/6/2024			
Steven Schwartz			
2580 Craig Road, Ann Arbor MI 48103	\$ 20,158.0	\$ 0.00	\$ 70,158.0
4. If over \$100.00 cumulative, please provide: Occupation: Author			
Employer: Self-employed Place of Business: Home			
Name and Address: 3. Date of Receipt: 8/6/2024			
Mary Borkowski			
5769 W. Liberty Rd., Ann Arbor MI 48103	\$ <u>100.00</u>	\$ 0.00	\$ <u>100.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 8/12/2024			
Alan Burbano			
519 Woodgrove Dr., Ann Arbor MI 48103	\$ 100.00	\$ 0.00	\$ 200.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 8/15/2024			
Michael O'Rear			
2686 Parkridge Dr., Ann Arbor MI 48103	\$ 100.00	\$ 0.00	\$ 100.00
4. If over \$100.00 cumulative, please provide: Occupation:	1	, <u></u>	
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 8/30/2024			
Susan Soth			
160 Luella Ave, Ann Arbor MI 481030.00	\$_500.00	\$ 0.00	\$ 500.00
4. If over \$100.00 cumulative, please provide: Occupation: Manager			
Employer: Sharehouse Place of Business: 5161 Jackson Rd, Ann Arbor, 48103			
Name and Address: 3. Date of Receipt:	, , , , , , , , , , , , , , , , , , ,		
	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
Page Subtotal:	\$ 20,958.00	\$ 0.00	\$ 70,158.0
Grand Total: (Complete on last page of Schedule)	\$ 31308	\$ 0.00	\$ 81558
	Forward to #1 Summary	Forward to #2 Summary	
Page of	Page	Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	Legal Defense Fund I.D. Number and Name: Legal Defense Fund for Scio Trustee Jillian Kerry			
Name and address of person or vendor paid		3. Purpose	4. Date	5. Amount
Go Fund Me		Processing Fees	7/31/202	\$ <u>156.31</u>
Bullotta Law, PLLC 615 Griswold St, Suite 1620, Detroit,48226		Legal Fees	8/6/2024	\$ 10,000.0
Bullotta Law, PLLC 615 Griswold St, Suite 1620, Detroit,48226		Legal Fees	8/6/2024	\$_20,158.0
Go Fund Me		Processing Fees	8/31/202	\$ 23.25
PayPal		Processing Fees	8/31/202	\$ 35.39
				\$
				\$
				\$
				\$
				\$
				\$
		Page Subtotal		\$ 30,372.95
	(C	Grand Total Complete on last page of Schedule)		\$ 30,372.9
Page1 _ of1				Forward to #3 Summary Page



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Real-time Fax Status

Real-time Fax Status: Successfully Sent

Fax Info

Date: 7/7/2024 3:51:20 PM PDT Receiver Name: Bureau of Elections

Receiver Company: Michigan Department of State

Receiver Fax #: 5173353235

Subject: LDF for Scio Trustee Jillian Kerry 2024 2nd Quarter report

Page Count: 1 (including cover page)

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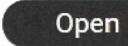
Real-time Fax Status







🚰 File size: 487KB



Real-time Fax Status: Successfully Sent

Fax Info

Date: 4/13/2024 9:52:38 AM PDT

Receiver Name: Bureau of Elections

Receiver Company: Michigan Department of State

Receiver Fax #: 5173353235

Subject: LDF for Scio Trustee Jillian Kerry 1st Quarter report

Page Count: 4 (including cover page)



LEGAL DEFENSE FUND COVER PAGE

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

FOR OFFICIAL USE ONLY

and Official.			
1a. Legal Defense Fund I.D. Number: 020 1b. Legal Defense Fund Name: Legal Defense Fund for Scio Trustee Jillian Kerry 1c. Legal Defense Fund Address: 153 Luella Ave. Ann Arbor, MI 48103	2a. Official's Full Name: Jillian M. Kerry 2b. Official's Office: Scio Township Trustee		
1d. Legal Defense Fund Phone:			
3a. Treasurer's Full Name: David S. Read 3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI. 48130	3c. Treasurer's Business Address: 713 Merlin Way Dexter, MI 48130		
	3d. Treasurer's Phone Number(s):		
4a. Quarterly Transaction Report Covering:	Effective Date of Dissolution —		
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: Treasurer's/Designated Record Keeper's Signature and	Date: David / Sleac 4,9,2024		



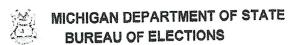
LEGAL DEFENSE FUND SUMMARY PAGE

Clear Form

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
Contributions In-Kind Contributions TOTAL CONTRIBUTIONS Itemized Expenditures Unitemized Expenditures (less than \$50.01 each - no Schedule) TOTAL EXPENDITURES	1a. \$\frac{10.00}{0.00} 2a. \$\frac{10.00}{10.00} 3a. \$\frac{0.00}{0.00} 5a. \$\frac{0.00}{0.00} 6a. \$\frac{0.00}{0.00}	1b. \$ 10.00 2b. \$ 0.00 3b. \$ 10.00
	7. \$ 0.00	
(Enter zero if no previous reports have been filed.) 8. Amount received during reporting period (Item 1a.) 9. SUBTOTAL Add lines 7 and 8	8. \$\frac{10.00}{9. \\$_10.00}	
10. Amount expended during reporting period (Item 6a.)11. ENDING BALANCE (Subtract line 10 from line 9)	10. \$ 10.00 * * The ending balance must always be a positive state of the control of the contro	ve number.



Received by fax on 4/13/2024

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

Legal Defense Fund I.D. Number and Name:

LDF-020-egal Defense Fund for Scio Trustee Jillian Kerry

		T	6 Amount	****
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
Name and Address: 3. Date of	f Receipt: 3/29/2024	The state of the s		
Jillian M. Kerry				4.000
153 Luella Ave.		\$ 10.00	\$ 0.00	\$10.00
Ann Arbor, MI 48103	rustee		And the second s	
4. If over \$100.00 cumulative, please provide: Occupation:	827 N. Zeeb Road, Ann Arbor, Mi			
Employer: Scio Township Place of Busines	S:			
Name and Address: 3. Date of	of Receipt:			
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		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:_				
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4. If over \$100.00 cumulative, please provide: Occupation:				
Employer: Place of Busine	SS:			
2. Name and Address: 3. Date	of Receipt:			
		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:				
Employer: Place of Busine				
2. Name and Address: 3. Date	of Receipt:			op phase Administration of the Control of the Contr
				nada an
		\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:				
Employer: Place of Busine				
	Page Subtotal:	\$ 10.00	\$ 0.00	\$10.00
	Grand Total:	\$ 10.00	s 0.00	s 10.00
(Complete	on last page of Schedule)	\$ 10.00	\$ 0.00	\$10.00
1 4		#1 Commons	#2 Summary	1



LEGAL DEFENSE FUND COVER PAGE

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

FOR OFFICIAL USE ONLY

1a. Legal Defense Fund I.D. Number:	2a. Official's Full Name:
1b. Legal Defense Fund Name:	Jillian Michele Kerry
Legal Defense Fund for Scio Trustee Jillian Kerry 1c. Legal Defense Fund Address: 713 Merlin Way Dexter, MI 48130	2b. Official's Office: Scio Township Trustee
1d. Legal Defense Fund Phone: 734-657-7569	
3a. Treasurer's Full Name: David S. Read	3c. Treasurer's Business Address: N/A
3b. Treasurer's Residential Address: 713 Merlin Way Dexter, MI 48130	
	3d. Treasurer's Phone Number(s):
4a. Quarterly Transaction Report Covering: January 1 – March 31; Due: April 25th	5. Dissolution of Legal Defense Fund:
April 1 – June 30; Due: July 25 th	Effective Date of Dissolution
☐ July 1 – September 30; Due: October 25th	/
October 1 – December 31; Due: January 25th	By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary
4b. Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)	Page.
6. Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents ar	was used in the preparation of this statement and attached schedules (if any) and to e true, accurate and complete.
Official's Signature and Date:	7.6.24
Treasurer's/Designated Record Keeper's Signature and	Date: James 1 lake 7,6,0024



LEGAL DEFENSE FUND SUMMARY PAGE

Clear Form

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 50,650.00	_{1b. \$} 50,660.00
2. In-Kind Contributions	2a. \$ 0.00	_{2b. \$} 0.00
3. TOTAL CONTRIBUTIONS	_{3a. \$} 50,650.00	_{3b. \$} 50,660.00
4. Itemized Expenditures	4a. \$ _50,000.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	_{5a. \$} 20.00	
6. TOTAL EXPENDITURES	6a. \$ 50,020.00	6b. \$ 50,020.00
BAI	ANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 10.00	
8. Amount received during reporting period (Item 1a.)	8. \$ 50,650.00	
9. SUBTOTAL Add lines 7 and 8	9. \$_50,660.00	
10. Amount expended during reporting period (Item 6a.)	10. \$ 50,020.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 640.00	
,	* The ending balance must always be a po	sitive number.

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

Enter contributor's name and address.	5. Amount	6. Amount	7.
Enter Contributor's name and address.	J. AIIIUUIIL	(In-Kind)	Cumulative
2. Name and Address: 3. Date of Receipt: 04/23/2024			
Pat Stein			£ 100.00
1413 S. Zeeb Road, Ann Arbor, MI 48103	\$ 100.00	\$ 0.00	\$ 100.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 05/09/2024			
Steven Schwartz			
2580 Craig Rd., Ann Arbor, MI 48103	\$ 10,000.0	\$ 0.00	\$ 10,000.0
4. If over \$100.00 cumulative, please provide: Occupation: Author			
Employer: Self Place of Business: Home			
2. Name and Address: 3. Date of Receipt: 06/24/2024			
Bill Stein			
1413 S. Zeeb Road, Ann Arbor, MI 48103	\$_150.00	\$ 0.00	\$ 150.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired	Φ_150.00	Ψ 0.00	Ψ 150.00
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt: 06/19/2024			
Steven Schwartz			
2580 Craig Rd., Ann Arbor, MI 48103	\$ 40,000.00	\$ 0.00	\$ 40,000.0
4. If over \$100.00 cumulative, please provide: Occupation: Author			
Employer: Self Place of Business: Home			
2. Name and Address: 3. Date of Receipt: 06/27/2024			
Lisa Tulin-Silver			
2750 Parkridge Dr., Ann Arbor, MI 48103	\$ 200.00	\$ 0.00	\$ 200.00
4. If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
Name and Address: 3. Date of Receipt: 06/28/2024			
Michele Cody			
4620 Stein Road, Ann Arbor, MI 48105	\$ 200.00	\$ 0.00	\$ 200.00
If over \$100.00 cumulative, please provide: Occupation: Retired			
Employer: Place of Business:			
Page Subtotal:	\$ 50,650.00	\$ 0.00	\$ 50.650.00
Grand Total: (Complete on last page of Schedule)	\$ 50,650.00	\$ 0.00	\$_50,650.00
Page1of1	Forward to #1 Summary	Forward to #2 Summary	
. 490 01	Page	Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	Legal Defense Fund I.D. Number and Name: 020		
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	5/9/2024	\$ 10,000.0
Dykema Gossett PLLC 400 Renaissance Center, Detroit, MI 48243	Legal Fees	6/19/202	\$ 20,000.0
Bullotta Law, PLLC 615 Griswold St, Suite 1620, Detroit,48226	Legal Fees	6/19/202	\$_20,000.0
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	Page Subtotal Grand Total		\$ 50,000.00
Page1 of1	(Complete on last page of Schedule)		50,000.0 Forward to #3 Summary Page

Real-time Fax Status: Successfully Sent

Fax Info

Date: 3/30/2024 6:35:09 AM PDT

Receiver Name: Bureau of Elections

Receiver Company: Michigan Department of State

Receiver Fax #: 5173353235 Subject: Legal Defense Fund

Page Count: 4 (including cover page)

Real-time Fax Status: Successfully Sent

Fax Info

Date: 3/30/2024 6:38:30 AM PDT

Receiver Name: Bureau of Elections

Receiver Company: Michigan Department of State

Receiver Fax #: 5173353235 Subject: Legal Defense Fund

Page Count: 3 (including cover page)



ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: 020
2. Type of Filing: X Original Filing Amendment: Items: Eff. Date:
 3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund") Legal Defense Fund for Scio Trustee Jillian Kerry 4. Public Official Full Name (Last, First, M.I.): Kerry, Jillian, M 5a. Office (Check one):
Governor State Senator MSU Trustee Circuit Court Specify: Lt. Governor State Rep. WSU Gov. District Court Specify: Sec. of State State Bd. of Ed. Supreme Court Attorney General UofM Reg. Appeals Court
5b. District/Circuit # or Jurisdiction: Scio Township
6. A description of the criminal, civil or administrative action at issue: Legal representation in connection with investigation by the Washtenaw Co. Sheriff office regarding an allegation of unauthorized email access on Nov. 15, 2023 at Scio Township Hall.
7. Date of Initial Contribution/Expenditure: 12 / 08 / 2023
8a. Complete Mailing Address (May be PO Box): 8b. Complete Street Address (May not be PO Box):
153 Luella Ave. Ann Arbor, MI 48103 153 Luella Ave. Ann Arbor, MI 48103
8c. Legal Defense Fund Phone #: [734-271-5982
8d. Legal Defense Fund Fax #:
8e. Legal Defense Fund E-mail Address: jmkerry731@gmail.com
8f. Legal Defense Fund Web Address:
9a. Treasurer Name and Complete Street Address: David S. Read 713 Merlin Way Dexter MI. 48130
9b.Treasurer Phone #: 734-657-7569
9c. Treasurer E-mail Address: davidread@bitsoflight.com
10. Desi gnated Recordkeeper Name:
Jillian Kerry
11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)
Key Bank, 2207 W. Stadium Blvd, 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: 3 120 127 Date
Current Treasurer Signature. Date 3129124 Date



ITEMIZED EXPENDITURES SCHEDULE 2

Legal Defense Fund I.D. Number and Name:

LDF-020 Legal Defense Fund for Scio Trustee Jillian Kerry

SCHEDULE 2 LEGAL DEFENSE FUND LDF-020 Legal Defense Fund for Scio Trustee Jillia		ilian Kerry	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Dykema Gossett 100 Renaissance Center Detroit, MI 48243	Legal Fees	12/8/2023	\$ 4,000.00
			\$
		-	\$
			\$
		-	\$
			\$
		-	\$
			\$
			\$
			\$
			\$
		ge Subtotal	\$ 4,000.00
	G (Complete on last page of	rand Total f Schedule)	\$ 4,000.00 Forward to #3
Page of			Summary Page



LEGAL DEFENSE FUND SUMMARY PAGE

Clear Form

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 0.00	<u>1b. \$ 0.00</u>
2. In-Kind Contributions	_{2a. \$} 4,000.00	_{2b. \$} 4,000.00
3. TOTAL CONTRIBUTIONS	_{3a. \$} 4,000.00	_{3b. \$} 4,000.00
4. Itemized Expenditures	4a. \$ 4,000.00	
Uniternized Expenditures (less than \$50.01 each - no Schedule)	_{5a. \$} 0.00	
6. TOTAL EXPENDITURES	6a. \$ 4,000.00	6b. \$4,000.00
ВА	LANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$_0.00	_
Amount received during reporting period (Item 1a.)	8. \$ 4,000.00	
9. SUBTOTAL Add lines 7 and 8	9. \$ 4,000.00	=.
10. Amount expended during reporting period (Item 6a.)	10. \$ 4,000.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11.\$	- _•
	* The ending balance must always be a	a positive number.



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

Legal Defense Fund I.D. Number and Name:

LDF-020 Legal Defense Fund for Scio Trustee Jillian Kerry

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Steven Schwartz 2580 Craig Road Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Self-employed Place of Business: 12/8/2023 Author Home	\$ <u>5</u> .00	\$ 4,000.00	\$4,000.00
Name and Address: 3. Date of Receipt:			
	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt:	_		
4. If a ver \$100.00 aumulative places provide: Occupation:	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:	_		
Employer: Place of Business:	_		
2. Name and Address: 3. Date of Receipt:			
If over \$100.00 cumulative, please provide: Occupation:	\$	\$	\$
Employer: Place of Business:			
Name and Address: 3. Date of Receipt:	_		
4. If any \$400.00 and the places provide Commetical	\$	\$	\$
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 Subtota	al: \$ 0.00	\$ 4,000.00	\$4,000.00
Grand Tol		\ <u></u>	
(Complete on last page of Schedu	lle) \$ 0.00	\$ [4,000.00] Forward to	\$4,000.00
Page of	#1 Summary Page	#2 Summary Page	



LEGAL DEFENSE FUND COVER PAGE

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

FOR OFFICIAL USE ONLY

1a. Legal Defense Fund I.D. Number: 020	2a. Official's Full Name:
	Jillian M. Kerry
1b. Legal Defense Fund Name: Legal Defense Fund for Scio Trustee Jillian Kerry	2b. Official's Office: Scio Township Trustee
1c. Legal Defense Fund Address:	
153 Luella Ave.	
Ann Arbor, MI 48103	
	Y .
734-271-5982 1d. Legal Defense Fund Phone:	
3a. Treasurer's Full Name: David S Read	3c. Treasurer's Business Address:
David 5 Read	713 Merlin Way Dexter, MI 48130
3b. Treasurer's Residential Address:	Dexter, wir 40100
713 Merlin Way Dexter, MI 48130	
Dexter, IVII 46130	
	3d. Treasurer's Phone Number(s):
4a. Quarterly Transaction Report Covering:	S Discourties of Local Defense Sund.
January 1 – March 31; Due: April 25th	5. Dissolution of Legal Defense Fund:
April 1 – June 30; Due: July 25 th	Effective Date of Dissolution
April 1 – June 30, Due. July 23	
☐ July 1 – September 30; Due: October 25th	Durch actions this items INVA's continue that the Land Defence Found has no access as
■ October 1 – December 31; Due: January 25th	By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual
	funds must be reported on Itemized Expenditure Schedule 2 and the Summary
4b. Amendment to Transaction Report: also mark	Page.
(4a) to indicate which Report is being amended)	
6. Verification: I/We certify that all reasonable diligence the best of my/our knowledge and belief the contents a	was used in the preparation of this statement and attached schedules (if any) and to re true, accurate and complete.
	and and and any property
	3 20 21
Official's Signature and Date:	5 128 129
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Treasurer's/Designated Record Keeper's Signature and	1 Day 1 Rep 3,29,24
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