



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received by Email on 10/23/2024

Clear Form

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>020</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Jillian Kerry</p> <p>1c. Legal Defense Fund Address: 153 Luella Ave Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: <u>734-271-5982</u></p>	<p>2a. Official's Full Name: Jillian Michele Kerry</p> <p>2b. Official's Office: Scio Township Trustee</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: N/A</p> <p>3d. Treasurer's Phone Number(s): <u>734-657-7569</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>

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:

Jillian M Kerry

10/23/24

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

David S Read

10/15/24



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>31,308.00</u>	1b. \$ <u>81,968.00</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>0</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>31,308.00</u>	3b. \$ <u>81,968.00</u>
4. Itemized Expenditures	4a. \$ <u>30,372.95</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>30,372.95</u>	6b. \$ <u>80,392.95</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>640.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>31,308.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>31,948.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>30,372.95</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,575.05</u> *

* The ending balance must always be a positive number.


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ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 020 Legal Defense Fund for Scio Trustee Kerry		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: <u>7/1/2024</u> Alan Burbano 519 Woodgrove Dr. Ann Arbor, MI 48103 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: <u>7/1/2024</u> Frode Maaseidvaag 5127 Dexter-Ann Arbor Rd, Ann Arbor, MI 48103 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: <u>7/1/2024</u> Marci Feinberg 3498 Timberwood Ln, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>500.00</u>	\$ <u>0.00</u>	\$ <u>500.00</u>
2. Name and Address: 3. Date of Receipt: <u>7/2/2024</u> Andrea Streiter 6793 Dexter Ann Arbor Rd, Ann Arbor, MI 48103 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>
2. Name and Address: 3. Date of Receipt: <u>7/2/2024</u> Anne Streiter 7869 Scio Church Rd, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: 3. Date of Receipt: <u>7/2/2024</u> Caroline Altomare 3709 West St, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
Page Subtotal:		\$ <u>950.00</u>	\$ <u>0.00</u>	\$ <u>950.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page <u>1</u> of _____		Forward to #1 Summary Page	Forward to #2 Summary Page	



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Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: 7/2/2024 Melinda Stuber 3627 West St., 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 Jonathan Greenberg 6089 Green Mountain Circle, Ann Arbor, MI		\$ 200.00	\$ 0.00	\$ 200.00
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		\$ 150.00	\$ 0.00	\$ 150.00
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 Shelly Schanfield 5201 Birkdale DR, Ann Arbor, MI 48103		\$ 125.00	\$ 0.00	\$ 125.00
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 Ryan Yaple 1007 E Summerfield Glen, Ann Arbor, MI 48103		\$ 100.00	\$ 0.00	\$ 100.00
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		\$ 500.00	\$ 0.00	\$ 500.00
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)		\$	\$	\$
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BUREAU OF ELECTIONS**

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Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Rachel Siegel 3821 Cindy Lane, Glen View, IL 60025 3. Date of Receipt: 7/2/2024 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: _____ Place of Business: _____		\$ 25.00	\$ 0.00	\$ 25.00
2. Name and Address: Cynthia Bogan 1081 Bandera DR, Ann Arbor, MI 48103 3. Date of Receipt: 7/2/2024 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: _____ Place of Business: _____		\$ 250.00	\$ 0.00	\$ 250.00
2. Name and Address: Sue Gordon 74 Bixby Hill Rd, Essex, VT, 05452 3. Date of Receipt: 7/2/2024 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: _____ Place of Business: _____		\$ 250.00	\$ 0.00	\$ 250.00
2. Name and Address: Rob Pattinson 500 N. Zeeb Rd, Ann Arbor, MI 48103 3. Date of Receipt: 7/3/2024 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: _____ Place of Business: _____		\$ 1,000.0	\$ 0.00	\$ 1,000.00
2. Name and Address: Robert Bailey 424 Little Lake DR, Apt 13, Ann Arbor, MI 48103 3. Date of Receipt: 7/3/2024 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Self Place of Business: _____		\$ 200.00	\$ 0.00	\$ 200.00
2. Name and Address: Deb Webster 3100 E. Delhi Rd, Ann Arbor, MI 48103 3. Date of Receipt: 7/5/2024 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: _____ Place of Business: _____		\$ 500.00	\$ 0.00	\$ 500.00
Page Subtotal:		\$ 2,225.0	\$ 0.00	\$ 2,225.0
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
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Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: <u>7/6/2024</u> Lila Skjei 5145 John Holmes Rd, Ann Arbor, MI 48103		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: 3. Date of Receipt: <u>7/8/2024</u> Gil Crisman 3510 Bradford Sq, Ann Arbor, MI 48103		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: 3. Date of Receipt: <u>7/9/2024</u> Holly Hughes 2311 Lancashire Dr., Ann Arbor, MI 48105		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Professor</u> Employer: <u>Univ. of Mich</u> Place of Business: <u>Ann Arbor, MI</u>				
2. Name and Address: 3. Date of Receipt: <u>7/9/2024</u> Joann Thorn 2631 N. Maple Rd, Ann Arbor, MI 48103		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: 3. Date of Receipt: <u>7/9/2024</u> John Norton 2224 Zeeb Rd, Dexter, MI 48130		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: 3. Date of Receipt: <u>7/9/2024</u> Nancy Stoll 3870 E Delhi Rd., Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
Page Subtotal:		\$ <u>450.00</u>	\$ <u>0.00</u>	\$ <u>450.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
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Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: <u>7/22/2024</u> Bill Stein 1314 S. Zeeb Road, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>300.00</u>	\$ <u>0.00</u>	\$ <u>450.00</u>
2. Name and Address: 3. Date of Receipt: <u>7/22/2024</u> Carolyle Towers 560 Little Lake Drive, #34, Ann Arbor, MI 48103 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: <u>7/22/2024</u> David Spicer 525 Baker Road, Dexter, MI 48130 4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____		\$ <u>200.00</u>	\$ <u>0.00</u>	\$ <u>200.00</u>
2. Name and Address: 3. Date of Receipt: <u>7/22/2024</u> Kathy Knol 1778 Snowberry Ridge Rd, Ann Arbor, MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>Township Trustee</u> Employer: <u>Scio Township</u> Place of Business: <u>827 N. Zeeb Rd, Ann Arbor, MI 48103</u>		\$ <u>500.00</u>	\$ <u>0.00</u>	\$ <u>500.00</u>
2. Name and Address: 3. Date of Receipt: <u>7/26/2024</u> Barbara Bolt 3999 Miller Rd, Ann Arbor, MI 48103 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>
2. Name and Address: 3. Date of Receipt: <u>7/29/2024</u> Denise Vessels 2541 Scio Road, Ann Arbor, MI 48103 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>
Page Subtotal:		\$ <u>1,250.0</u>	\$ <u>0.00</u>	\$ <u>1,400.0</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
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Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: <u>8/2/2024</u> Warren Widmayer 14333 Island Lake Rd, Chelsea, MI 48118		\$ <u>250.00</u>	\$ <u>0.00</u>	\$ <u>250.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: 3. Date of Receipt: <u>8/2/2024</u> Brian Herron 6620 Dexter Ann Arbor Rd, Dexter, MI 48130		\$ <u>1000.00</u>	\$ <u>0.00</u>	\$ <u>1000.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Vintner</u> Employer: <u>Self employed</u> Place of Business: <u>Home</u>				
2. Name and Address: 3. Date of Receipt: <u>8/6/2024</u> Richard Burney 4319 Miller Rd, Ann Arbor, MI 48103		\$ <u>250.00</u>	\$ <u>0.00</u>	\$ <u>250.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: 3. Date of Receipt: <u>8/6/2024</u> David Harvey 5603 Versailles Ave., Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>50.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>CPA</u> Employer: <u>Self employed</u> Place of Business: <u>3227 Washtenaw Ave, Ann Arbor, MI 48104</u>				
2. Name and Address: 3. Date of Receipt: <u>8/6/2024</u> Lila Skjei 145 John Holmes Rd, Ann Arbor, MI 48103		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>200.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: 3. Date of Receipt: <u>8/6/2024</u> Pam Boyd 517 Linden Lane, Ann Arbor, MI 48103		\$ <u>250.00</u>	\$ <u>0.00</u>	\$ <u>250.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
Page Subtotal:		\$ <u>1,900.0</u>	\$ <u>0.00</u>	\$ <u>2,000.0</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
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Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Warren Poor 5192 Park Rd, Ann Arbor, MI 48103 3. Date of Receipt: 7/15/2024 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: University of Michigan School of Social Work Place of Business: 1080 South University A2 48109		\$ 200.00	\$ 0.00	\$ 200.00
2. Name and Address: Marcia Haddox 4949 Hobbiton Lane, Ann Arbor, 48103 3. Date of Receipt: 7/18/2024 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$ 100.00	\$ 0.00	\$ 100.00
2. Name and Address: Rebecca Serano 8447 Pinecross Lane, Ann Arbor, MI 48103 3. Date of Receipt: 7/18/2024 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$ 100.00	\$ 0.00	\$ 100.00
2. Name and Address: Cynthia Rice 3222 E Delhi Road,, Ann Arbor, MI 48103 3. Date of Receipt: 7/18/2024 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$ 50.00	\$ 0.00	\$ 50.00
2. Name and Address: Peter Heydon 3562 W. Huron River Drive, Ann Arbor, MI 48103 3. Date of Receipt: 7/19/2024 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business:		\$ 1000.00	\$ 0.00	\$ 1000.00
2. Name and Address: Eugenia Pantely 841 Waterman Dr, Ann Arbor, MI 48103 3. Date of Receipt: 7/21/2024 4. If over \$100.00 cumulative, please provide: Occupation: Retired Employer: Place of Business:		\$ 400.00	\$ 0.00	\$ 400.00
Page Subtotal:		\$ 1,850.0	\$ 0.00	\$ 1,850.0
Grand Total: (Complete on last page of Schedule)		\$	\$	\$
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Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Kim Phillips</u> 4267 Sherwood Forrest Ct, Ann Arbor, MI 48103 3. Date of Receipt: <u>7/10/2024</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Social Worker</u> Employer: <u>University of Michigan School of Social Work</u> Place of Business: <u>1080 South University A2 48109</u>		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: <u>Jamie Winger</u> 7925 Scio Church Rd., Ann Arbor, 48103 3. Date of Receipt: <u>7/11/2024</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Mechanic</u> Employer: <u>Ford Motor</u> Place of Business: <u>Dearborn, MI 48120</u>		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: <u>Bonnie Gorichan</u> 2430 E. Delhi, Ann Arbor, MI 48103 3. Date of Receipt: <u>7/12/2024</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: <u>David Wooten</u> 628 Dornoch, Ann Arbor, MI 48103 3. Date of Receipt: <u>7/14/2024</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: <u>Lesli Daniel</u> 560 Little Lake Dr, Ann Arbor, MI 48103 3. Date of Receipt: <u>7/14/20124</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: <u>Linda Stafford</u> 524 Lakeview Ave, Ann Arbor, MI 48103 3. Date of Receipt: <u>7/14/20214</u> 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
Page Subtotal:		\$ <u>600.00</u>	\$ <u>0.00</u>	\$ <u>600.00</u>
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
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ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 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: 3. Date of Receipt: <u>8/6/2024</u> Steven Schwartz 2580 Craig Road, Ann Arbor MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: <u>Author</u> Employer: <u>Self-employed</u> Place of Business: <u>Home</u>		\$ <u>20,158.0</u>	\$ <u>0.00</u>	\$ <u>70,158.0</u>
2. Name and Address: 3. Date of Receipt: <u>8/6/2024</u> Mary Borkowski 5769 W. Liberty Rd., Ann Arbor MI 48103 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: <u>8/12/2024</u> Alan Burbano 519 Woodgrove Dr., Ann Arbor MI 48103 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>200.00</u>
2. Name and Address: 3. Date of Receipt: <u>8/15/2024</u> Michael O'Rear 2686 Parkridge Dr., Ann Arbor MI 48103 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
2. Name and Address: 3. Date of Receipt: <u>8/30/2024</u> Susan Soth 160 Luella Ave, Ann Arbor MI 481030.00 4. If over \$100.00 cumulative, please provide: Occupation: <u>Manager</u> Employer: <u>Sharehouse</u> Place of Business: <u>5161 Jackson Rd, Ann Arbor, 48103</u>		\$ <u>500.00</u>	\$ <u>0.00</u>	\$ <u>500.00</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>20,958.00</u>	\$ <u>0.00</u>	\$ <u>70,158.0</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>31308</u>	\$ <u>0.00</u>	\$ <u>81558</u>
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**

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 020 Legal Defense Fund for Scio Trustee Jillian Kerry	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Go Fund Me	Processing Fees	<u>7/31/202</u>	\$ <u>156.31</u>
Bullotta Law, PLLC 615 Griswold St, Suite 1620, Detroit, 48226	Legal Fees	<u>8/6/2024</u>	\$ <u>10,000.0</u>
Bullotta Law, PLLC 615 Griswold St, Suite 1620, Detroit, 48226	Legal Fees	<u>8/6/2024</u>	\$ <u>20,158.0</u>
Go Fund Me	Processing Fees	<u>8/31/202</u>	\$ <u>23.25</u>
PayPal	Processing Fees	<u>8/31/202</u>	\$ <u>35.39</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ <u>30,372.95</u>
Grand Total (Complete on last page of Schedule)			\$ <u>30,372.9</u>
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page

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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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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)

Received by fax on 4/13/2024



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

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

1d. Legal Defense Fund Phone: 734-271-5982

2a. Official's Full Name:
Jillian M. Kerry

2b. Official's Office: Scio Township Trustee

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): 734-654-7569

4a. Quarterly Transaction Report Covering:

☒ January 1 – March 31; Due: April 25th☐ April 1 – June 30; Due: July 25th☐ July 1 – September 30; Due: October 25th☐ October 1 – December 31; Due: January 25th

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

5. ☐ Dissolution of Legal Defense Fund:

Effective Date of Dissolution

____/____/____

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

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

Official's Signature and Date:

4.9.24

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

4.9.2024



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. \$ 10.00	1b. \$ 10.00
2. In-Kind Contributions	2a. \$ 0.00	2b. \$ 0.00
3. TOTAL CONTRIBUTIONS	3a. \$ 10.00	3b. \$ 10.00
4. Itemized Expenditures	4a. \$ 0.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ 0.00	
6. TOTAL EXPENDITURES	6a. \$ 0.00	6b. \$ 0.00
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 0.00	
8. Amount received during reporting period (Item 1a.)	8. \$ 10.00	
9. SUBTOTAL Add lines 7 and 8	9. \$ 10.00	
10. Amount expended during reporting period (Item 6a.)	10. \$ 0.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 10.00 *	

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received by fax on 4/13/2024

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. 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: Jillian M. Kerry 153 Luella Ave. Ann Arbor, MI 48103 3. Date of Receipt: 3/29/2024 4. If over \$100.00 cumulative, please provide: Occupation: Trustee Employer: Scio Township Place of Business: 827 N. Zeeb Road, Ann Arbor, MI		\$ 10.00	\$ 0.00	\$ 10.00
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: _____		\$ _____	\$ _____	\$ _____
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:		\$ 10.00	\$ 0.00	\$ 10.00
Grand Total: (Complete on last page of Schedule)		\$ 10.00	\$ 0.00	\$ 10.00
		Forward to #1 Summary	Forward to #2 Summary	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received by Fax on 7/7/2024

Clear Form

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>020</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Trustee Jillian Kerry</p> <p>1c. Legal Defense Fund Address: 713 Merlin Way Dexter, MI 48130</p> <p>1d. Legal Defense Fund Phone: <u>734-657-7569</u></p>	<p>2a. Official's Full Name: Jillian Michele Kerry</p> <p>2b. Official's Office: Scio Township Trustee</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: N/A</p> <p>3d. Treasurer's Phone Number(s): <u>734-657-7569</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 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>Jillian M Kerry</u> <u>7.6.24</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>David S Read</u> <u>7.6.2024</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. \$ 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
BALANCE STATEMENT		
7. 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 positive number.		



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 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: 3. Date of Receipt: <u>04/23/2024</u> Pat Stein 1413 S. Zeeb Road, Ann Arbor, MI 48103		\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: 3. Date of Receipt: <u>05/09/2024</u> Steven Schwartz 2580 Craig Rd., Ann Arbor, MI 48103		\$ <u>10,000.0</u>	\$ <u>0.00</u>	\$ <u>10,000.0</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Author</u> Employer: <u>Self</u> Place of Business: <u>Home</u>				
2. Name and Address: 3. Date of Receipt: <u>06/24/2024</u> Bill Stein 1413 S. Zeeb Road, Ann Arbor, MI 48103		\$ <u>150.00</u>	\$ <u>0.00</u>	\$ <u>150.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: 3. Date of Receipt: <u>06/19/2024</u> Steven Schwartz 2580 Craig Rd., Ann Arbor, MI 48103		\$ <u>40,000.00</u>	\$ <u>0.00</u>	\$ <u>40,000.0</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Author</u> Employer: <u>Self</u> Place of Business: <u>Home</u>				
2. Name and Address: 3. Date of Receipt: <u>06/27/2024</u> Lisa Tulin-Silver 2750 Parkridge Dr., Ann Arbor, MI 48103		\$ <u>200.00</u>	\$ <u>0.00</u>	\$ <u>200.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: 3. Date of Receipt: <u>06/28/2024</u> Michele Cody 4620 Stein Road, Ann Arbor, MI 48105		\$ <u>200.00</u>	\$ <u>0.00</u>	\$ <u>200.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
Page Subtotal:		\$ <u>50,650.00</u>	\$ <u>0.00</u>	\$ <u>50,650.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>50,650.00</u>	\$ <u>0.00</u>	\$ <u>50,650.00</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: 020	
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	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			\$ 50,000.00
Grand Total (Complete on last page of Schedule)			\$ 50,000.0
Page 1 of 1			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: ☒ 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):

- | | | | | |
|---|---|--|--|--|
| <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:
<div>Trustee</div> |
| <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:

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):

153 Luella Ave.
Ann Arbor, MI 48103

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

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. Designated 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: *Jillian Kerry*

3/28/24
Date

Current Treasurer Signature: *David S. Read*

3/29/24
Date

**MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF-020 Legal Defense Fund for Scio Trustee Jillian Kerry	
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	12/8/2023	\$ 4,000.00
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ 4,000.00
Grand Total (Complete on last page of Schedule)			\$ 4,000.00
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. \$ 0.00	1b. \$ 0.00
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	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ 0.00	
6. TOTAL EXPENDITURES	6a. \$ 4,000.00	6b. \$ 4,000.00
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 0.00	
8. 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. \$ 0.00 *	
* The ending balance must always be a positive number.		



**MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND**

1. 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 3. Date of Receipt: 12/8/2023 4. If over \$100.00 cumulative, please provide: Occupation: Author Employer: Self-employed Place of Business: Home		\$ 0.00	\$ 4,000.00	\$ 4,000.00
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: _____		\$ _____	\$ _____	\$ _____
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:		\$ 0.00	\$ 4,000.00	\$ 4,000.00
Grand Total: (Complete on last page of Schedule)		\$ 0.00	\$ 4,000.00	\$ 4,000.00
Page 1 of 1		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>020</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Scio Trustee Jillian Kerry</p> <p>1c. Legal Defense Fund Address: 153 Luella Ave. Ann Arbor, MI 48103</p> <p>1d. Legal Defense Fund Phone: <u>734-271-5982</u></p>	<p>2a. Official's Full Name: Jillian M. Kerry</p> <p>2b. Official's Office: <u>Scio Township Trustee</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>734-657-7569</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input checked="" type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<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>Jillian M. Kerry</u> <u>3/28/24</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>David S Read</u> <u>3/29/24</u></p>	