



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov 04/23.2024

**LEGAL DEFENSE FUND
COVER PAGE**

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>LDF017</u></p> <p>1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 114 Carpenter Blvd Roscommon, MI 48653</p> <p>1d. Legal Defense Fund Phone: <u>(989) 302-6285</u></p>	<p>2a. Official's Full Name: Michelle M Stevenson</p> <p>2b. Official's Office: <u>County Clerk/ROD</u></p>
<p>3a. Treasurer's Full Name: Michelle M Stevenson</p> <p>3b. Treasurer's Residential Address: 114 Carpenter Blvd Roscommon, MI 48653</p>	<p>3c. Treasurer's Business Address: 114 Carpenter Blvd Roscommon, MI 48653</p> <p>3d. Treasurer's Phone Number(s): <u>(989) 302-6285</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution _____/_____/_____ 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>Michelle M Stevenson</u> <u>4/23/2024</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: _____</p>	



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<p>1a. Legal Defense Fund I.D. Number: <u>LDF017</u></p> <p>1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 114 Carpenter Blvd Roscommon, MI 48653</p> <p>1d. Legal Defense Fund Phone: <u>(989) 302-6285</u></p>	<p>2a. Official's Full Name: Michelle M Stevenson</p> <p>2b. Official's Office: <u>County Clerk/ROD</u></p>
<p>3a. Treasurer's Full Name: Michelle M Stevenson</p> <p>3b. Treasurer's Residential Address: 114 Carpenter Blvd Roscommon, MI 48653</p>	<p>3c. Treasurer's Business Address: 114 Carpenter Blvd Roscommon, MI 48653</p> <p>3d. Treasurer's Phone Number(s): <u>(989) 302-6285</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>Michelle M Stevenson</u> <u>1/22/2024</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: _____</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>316.00</u>	1b. \$ <u>4,305.50</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>316.00</u>	3b. \$ <u>4,305.50</u>
4. Itemized Expenditures	4a. \$ <u>316.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>316.00</u>	6b. \$ <u>4,305.50</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ _____	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *	
	* The ending balance must always be a positive number.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF 017 Michelle M. Stevenson Legal Defense Fund		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Michelle Stevenson 114 Carpenter Blvd Roscommon, MI 48653 3. Date of Receipt: 11/15/2023 4. If over \$100.00 cumulative, please provide: Occupation: County Clerk/ROD Employer: Roscommon County Place of Business: 500 Lake St Roscommon MI 48653		\$ 316.00	\$	\$ 4,305.50
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:		\$ 316.00	\$	\$ 4,305.50
Grand Total: (Complete on last page of Schedule)		\$ 316.00	\$	\$ 4,305.50
Page 1 of 1		Forward to #1 Summary Page	Forward to #2 Summary Page	



**MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF 017 Michelle M. Stevenson Legal Defense Fund	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Clark Hill Plc 500 Woodward Ave Ste 3500 Detroit MI 48226	Legal Fees	<u>11/15/2023</u>	<u>\$ 316.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ 316.00
Grand Total (Complete on last page of Schedule)			\$ 316.00
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

received via disclosure@michigan.gov
10/26/2023

**LEGAL DEFENSE FUND
COVER PAGE**

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FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>LDF017</u></p> <p>1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 114 Carpenter Blvd Roscommon, MI 48653</p> <p>1d. Legal Defense Fund Phone: <u>(989) 302-6285</u></p>	<p>2a. Official's Full Name: Michelle M Stevenson</p> <p>2b. Official's Office: <u>County Clerk/ROD</u></p>
<p>3a. Treasurer's Full Name: Michelle M Stevenson</p> <p>3b. Treasurer's Residential Address: 114 Carpenter Blvd Roscommon, MI 48653</p>	<p>3c. Treasurer's Business Address: 114 Carpenter Blvd Roscommon, MI 48653</p> <p>3d. Treasurer's Phone Number(s): <u>(989) 302-6285</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u>Michelle M Stevenson</u> <u>10/25/2023</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Michelle M Stevenson</u> <u>10/25/2023</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ _____	1b. \$ <u>3,989.50</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ _____	3b. \$ <u>3,989.50</u>
4. Itemized Expenditures	4a. \$ _____	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ _____	6b. \$ <u>3,989.50</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ _____	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *	

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
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07/25/2023

**LEGAL DEFENSE FUND
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<p>1a. Legal Defense Fund I.D. Number: <u>LDF017</u></p> <p>1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 114 Carpenter Blvd Roscommon, MI 48653</p> <p>1d. Legal Defense Fund Phone: <u>(989) 302-6285</u></p>	<p>2a. Official's Full Name: Michelle M Stevenson</p> <p>2b. Official's Office: <u>County Clerk/ROD</u></p>
<p>3a. Treasurer's Full Name: Michelle M Stevenson</p> <p>3b. Treasurer's Residential Address: 114 Carpenter Blvd Roscommon, MI 48653</p>	<p>3c. Treasurer's Business Address: 114 Carpenter Blvd Roscommon, MI 48653</p> <p>3d. Treasurer's Phone Number(s): <u>(989) 302-6285</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>

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: Michelle M Stevenson 7/25/2023

Treasurer's/Designated Record Keeper's Signature and Date: Michelle M Stevenson 7/25/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>3,594.50</u>	1b. \$ <u>3,989.50</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>3,594.50</u>	3b. \$ <u>3,989.50</u>
4. Itemized Expenditures	4a. \$ <u>3,594.50</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>3,594.50</u>	6b. \$ <u>3,989.50</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>3,594.50</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>3,594.50</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>3,594.50</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *	
	* The ending balance must always be a positive number.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Number and Name: LDF017 Michelle M Stevenson Legal Defense fund
---	--

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: <u>06/20/2023</u> Michelle Stevenson 114 Carpenter Blvd Roscommon, MI 48653 4. If over \$100.00 cumulative, please provide: Occupation: <u>County Clerk/ROD</u> Employer: <u>Roscommon County</u> Place of Business: <u>500 Lake St. Roscommon</u>	\$ <u>3,594.50</u>	\$ _____	\$ <u>3,989.50</u>
2. Name and Address: 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
Page Subtotal:	\$ <u>3,594.50</u>	\$ _____	\$ <u>3,989.50</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>3,594.50</u>	\$ _____	\$ <u>3,989.50</u>
Page <u>1</u> of <u>1</u>	Forward to #1 Summary Page	Forward to #2 Summary Page	



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**LEGAL DEFENSE FUND
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<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u>Michelle Stevenson</u> <u>4, 25, 2023</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Michelle Stevenson</u> <u>4, 25, 2023</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>395.00</u>	1b. \$ <u>395.00</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>395.00</u>	3b. \$ <u>395.00</u>
4. Itemized Expenditures	4a. \$ <u>395.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>395.00</u>	6b. \$ <u>395.00</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>395.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>395.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>395.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *

* The ending balance must always be a positive number.

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 Number: _____ Grand Total: _____



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: LDF017 Michelle M Stevenson Legal Defense fund		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Michelle Stevenson 114 Carpenter Blvd Roscommon, MI 48653 3. Date of Receipt: 03/31/2023 4. If over \$100.00 cumulative, please provide: Occupation: County Clerk/ROD Employer: Roscommon County Place of Business: 500 Lake St. Roscommon		\$ 395.00	\$	\$ 395.00
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:		\$	\$	\$
Page Subtotal:		\$ 395.00	\$	\$ 395.00
Grand Total: (Complete on last page of Schedule)		\$ 395.00	\$	\$ 395.00
Page 1 of 1		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: LDF017 Michelle M Stevenson Legal Defense Fund	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Clark Hill PLC 500 Woodward Ave Ste 3500 Detroit MI 48226	Legal Fees	03/31/2023	\$ 395.00
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
Page Subtotal			\$ 395.00
Grand Total (Complete on last page of Schedule)			\$ 395.00
Page 1 of 1			Forward to #3 Summary Page



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01/21/2023

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<p>1a. Legal Defense Fund I.D. Number: <u>017</u></p> <p>1b. Legal Defense Fund Name: <u>Michelle M. Stevenson Legal Defense fund</u></p> <p>1c. Legal Defense Fund Address: <u>101 Columbus Ave Houghton Lake, MI 48629</u></p> <p>1d. Legal Defense Fund Phone: <u>(989)302 6285</u></p>	<p>2a. Official's Full Name: <u>Michelle M. Stevenson</u></p> <p>2b. Official's Office: <u>County Clerk / Register of Deeds</u></p>
<p>3a. Treasurer's Full Name: <u>Michelle M. Stevenson</u></p> <p>3b. Treasurer's Residential Address: <u>101 Columbus Ave Houghton Lake, MI 48629</u></p>	<p>3c. Treasurer's Business Address: <u>101 Columbus Ave Houghton Lake, MI 48629</u></p> <p>3d. Treasurer's Phone Number(s): <u>(989)302 6285</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>Michelle M Stevenson</u> <u>1/21/2023</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: _____ / ____ / _____</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

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Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>790.00</u>	1b. \$ <u>11,676.08</u>
2. In-Kind Contributions	2a. \$ <u>0</u>	2b. \$ <u>0</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>790.00</u>	3b. \$ <u>11,676.08</u>
4. Itemized Expenditures	4a. \$ <u>790.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>790.00</u>	6b. \$ <u>11,676.08</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>790.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>790.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>790.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0</u> *	

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <u>LDLDF 017 Michelle M. Stevenson Legal Defense Fund</u>		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Michelle Stevenson</u> <u>101 Columbus Ave</u> <u>Houghton Lake, MI 48629</u>				
3. Date of Receipt: <u>11/28/2022</u>				
4. If over \$100.00 cumulative, please provide: Occupation: <u>County Clerk / PoD</u> Employer: <u>Roscommon County</u> Place of Business: <u>Roscommon</u>		\$ <u>790.00</u>	\$ _____	\$ <u>11,676.08</u>
2. Name and Address: _____		\$ _____	\$ _____	\$ _____
3. Date of Receipt: _____				
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: _____		\$ _____	\$ _____	\$ _____
3. Date of Receipt: _____				
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: _____		\$ _____	\$ _____	\$ _____
3. Date of Receipt: _____				
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: _____		\$ _____	\$ _____	\$ _____
3. Date of Receipt: _____				
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
Page Subtotal:		\$ <u>790.00</u>	\$ _____	\$ <u>11,676.08</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>790.00</u>	\$ _____	\$ <u>11,676.08</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: <u>LDF017 Michelle M Stevenson Legal Defense Fund</u>		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Clark Hill PLC 500 Woodward Ave. Ste 3500 Detroit, MI 48226	Legal fees	11/28/2022	\$ 790.00
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ 790.00
Grand Total (Complete on last page of Schedule)			\$ 790.00
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page



ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: LFD 017

2. Type of Filing: Original Filing Amendment: Items: 1 & 8 Eff. Date: 11/28/22

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")
Michelle M. Stevenson Legal Defense Fund

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

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: _____ |
| <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: _____

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

7. Date of Initial Contribution/Expenditure: ____/____/____

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

114 Carpenter Blvd
Roscommon, MI 48653

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

114 Carpenter Blvd
Roscommon, MI 48653

8c. Legal Defense Fund Phone #: _____

8d. Legal Defense Fund Fax #: _____

8e. Legal Defense Fund E-mail Address: _____

8f. Legal Defense Fund Web Address: _____

9a. Treasurer Name and Complete Street Address:

9b. Treasurer Phone #: _____

9c. Treasurer E-mail Address: _____

10. Designated Recordkeeper Name:

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

North Central Area Federal Credit Union
2671 Reserve Rd
Houghton Lake, MI 48629

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: Michelle M. Stevenson

11/28/2022
Date

Current Treasurer Signature: _____
Date



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
10/19/2022

**LEGAL DEFENSE FUND
COVER PAGE**

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>015</u></p> <p>1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 101 Columbus Ave Houghton Lake, MI 48629</p> <p>1d. Legal Defense Fund Phone: <u>(989) 302-6285</u></p>	<p>2a. Official's Full Name: Michelle M. Stevenson</p> <p>2b. Official's Office: <u>County Clerk/Register of Deeds</u></p>
<p>3a. Treasurer's Full Name: Michelle M. Stevenson</p> <p>3b. Treasurer's Residential Address: 101 Columbus Ave Houghton Lake, MI 48629</p>	<p>3c. Treasurer's Business Address: 101 Columbus Ave Houghton Lake, MI 48629</p> <p>3d. Treasurer's Phone Number(s): <u>(989) 302-6285</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: Michelle M. Stevenson 10/18/2022

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>5,885.50</u>	1b. \$ <u>10,886.08</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>5,885.50</u>	3b. \$ <u>10,886.08</u>
4. Itemized Expenditures	4a. \$ <u>5,885.50</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>5,885.50</u>	6b. \$ <u>10,886.08</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>5,885.50</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>5,885.50</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>5,885.50</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *

* The ending balance must always be a positive number.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1
LEGAL DEFENSE FUND

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

015 Michelle M. Stevenson Legal Defense Fund

Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Michelle M. Stevenson</u> <u>101 Columbus Ave</u> <u>Houghton Lake, MI 48629</u> 3. Date of Receipt: <u>07/21/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>county clerk/reg. of deeds</u> Employer: <u>Roscommon County</u> Place of Business: <u>Roscommon</u>	\$ <u>5,885.50</u>	\$ _____	\$ <u>10,886.08</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
Page Subtotal:	\$ <u>5,885.50</u>	\$ _____	\$ <u>10,886.08</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>5,885.50</u>	\$ _____	\$ <u>10,886.08</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: 015 Michelle M. Stevenson Legal Defense Fund	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Clark Hill PLC 500 Woodward Ave. Ste 3500 Detroit, MI 48226	Legal fees	07/21/2022	\$ 5,885.50
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
		Page Subtotal	\$ 5,885.50
		Grand Total (Complete on last page of Schedule)	\$ 5,885.50
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
07/25/2022

LEGAL DEFENSE FUND
COVER PAGE

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>015</u></p> <p>1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 101 Columbus Ave Houghton Lake, MI 48629</p> <p>1d. Legal Defense Fund Phone: <u>(989) 302-6285</u></p>	<p>2a. Official's Full Name: Michelle M. Stevenson</p> <p>2b. Official's Office: <u>County Clerk/Register of Deeds</u></p>
<p>3a. Treasurer's Full Name: Michelle M. Stevenson</p> <p>3b. Treasurer's Residential Address: 101 Columbus Ave Houghton Lake, MI 48629</p>	<p>3c. Treasurer's Business Address: 101 Columbus Ave Houghton Lake, MI 48629</p> <p>3d. Treasurer's Phone Number(s): <u>(989) 302-6285</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>Michelle M Stevenson</u> <u>7/25/2022</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: _____</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>5,000.00</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>5,000.00</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>5,000.58</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>0.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *	

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov
04/24/2022

**LEGAL DEFENSE FUND
COVER PAGE**

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

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>015</u></p> <p>1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 101 Columbus Ave Houghton Lake, MI 48629</p> <p>1d. Legal Defense Fund Phone: <u>989-302-6285</u></p>	<p>2a. Official's Full Name: Michelle M. Stevenson</p> <p>2b. Official's Office: County Clerk/Register of Deeds</p>
<p>3a. Treasurer's Full Name: Michelle M. Stevenson</p> <p>3b. Treasurer's Residential Address: 101 Columbus Ave Houghton Lake, MI 48629</p>	<p>3c. Treasurer's Business Address: 101 Columbus Ave Houghton Lake, MI 48629</p> <p>3d. Treasurer's Phone Number(s): <u>989-302-6285</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution _____/_____/_____ 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>Michelle M. Stevenson</u> <u>4/23/2022</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: _____</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
SUMMARY PAGE**

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>5,000.00</u>	1b. \$ <u>5,000.00</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>5,000.00</u>	3b. \$ <u>5,000.00</u>
4. Itemized Expenditures	4a. \$ <u>5,000.58</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>5,000.58</u>	6b. \$ <u>5,000.58</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>5,000.58</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>5,000.58</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>5,000.58</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *	

* The ending balance must always be a positive number.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: 015 Michelle M. Stevenson Legal Defense Fund		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Michelle M. Stevenson 101 Columbus Ave. Houghton Lake, MI 48629 3. Date of Receipt: <u>03/02/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>County clerk/register of deeds</u> Employer: <u>Roscommon County</u> Place of Business: <u>Roscommon, MI</u>		\$ <u>5,000.00</u>	\$ _____	\$ <u>5,000.00</u>
2. Name and Address: Michelle M. Stevenson 101 Columbus Ave. Houghton Lake, MI 48629 3. Date of Receipt: <u>03/15/2022</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>County clerk/register of deeds</u> Employer: <u>Roscommon County</u> Place of Business: <u>Roscommon, MI</u>		\$ <u>0.58</u>	\$ _____	\$ <u>5,000.58</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>5,000.58</u>	\$ _____	\$ <u>5,000.58</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>5,000.58</u>	\$ _____	\$ <u>5,000.58</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: 015 Michelle M. Stevenson Legal Defense Fund		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount	
Clark Hill PLC 500 Woodward Ave. Ste 3500 Detroit, MI 48226	Legal Fees	03/02/2022	\$ <u>5,000.00</u>	
USPS 2255 Tower Hill Road Houghton Lake, MI 48629	Stamp	03/15/2022	\$ <u>0.58</u>	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
Page Subtotal			\$ <u>5,000.58</u>	
Grand Total (Complete on last page of Schedule)			\$ <u>5,000.58</u>	
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page	



ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #:

2. Type of Filing: Original Filing Amendment: Items: _____ Eff. Date: 3/2/2022

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")
Michelle M. Stevenson Legal Defense Fund

4. Public Official Full Name (Last, First, M.I.):
Stevenson, Michelle 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:
County Clerk/Reg. of Deeds |
| <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: Roscommon County

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

Investigation

7. Date of Initial Contribution/Expenditure: 3/2/2022

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

Same as above

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

101 Columbus Ave.
Houghton Lake, MI 48629

8c. Legal Defense Fund Phone #: 9893026285

8d. Legal Defense Fund Fax #: n/a

8e. Legal Defense Fund E-mail Address: n/a

8f. Legal Defense Fund Web Address: n/a

9a. Treasurer Name and Complete Street Address:

Michelle M. Stevenson
101 Columbus Ave.
Houghton Lake, MI 48629

9b. Treasurer Phone #: 9893026285

9c. Treasurer E-mail Address: n/a

10. Designated Recordkeeper Name:

n/a

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

North Central Area Federal Credit Union
2671 Reserve Road
Houghton Lake, MI 48629

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: Michelle M Stevenson

3/2/2022
Date

Current Treasurer Signature: Michelle M Stevenson

3/2/2022
Date

RECEIVED/FILED
MICHIGAN DEPT OF STATE
ELECTIONS/GREAT SEAL
2022 MAR 18 AM 10:11



ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #:

2. Type of Filing: Original Filing Amendment: Items: _____ Eff. Date: 3/2/2022

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")
Michelle M. Stevenson Legal Defense Fund

4. Public Official Full Name (Last, First, M.I.):
Stevenson, Michelle 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:
County Clerk/Reg. of Deeds |
| <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: Roscommon County

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

Investigation

7. Date of Initial Contribution/Expenditure: 3, 2, 2022

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

Same as above

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

101 Columbus Ave.
Houghton Lake, MI 48629

8c. Legal Defense Fund Phone #: 9893026285

8d. Legal Defense Fund Fax #: n/a

8e. Legal Defense Fund E-mail Address: n/a

8f. Legal Defense Fund Web Address: n/a

9a. Treasurer Name and Complete Street Address:

Michelle M. Stevenson
101 Columbus Ave.
Houghton Lake, MI 48629

9b. Treasurer Phone #: 9893026285

9c. Treasurer E-mail Address: n/a

10. Designated Recordkeeper Name:

n/a

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

North Central Area Federal Credit Union
2671 Reserve Road
Houghton Lake, MI 48629

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: Michelle M Stevenson

3, 2, 2022
Date

Current Treasurer Signature: Michelle M Stevenson

3, 2, 2022
Date

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