

LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
1a. Legal Defense Fund I.D. Number: LDF017	2a. Official's Full Name: Michelle M Stevenson
1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund 1c. Legal Defense Fund Address: 114 Carpenter Blvd Roscommon, MI 48653	2b. Official's Office: County Clerk/ROD
1d. Legal Defense Fund Phone: (989) 302-6285	
3a. Treasurer's Full Name: Michelle M Stevenson 3b. Treasurer's Residential Address: 114 Carpenter Blvd Roscommon, MI 48653	3c. Treasurer's Business Address: 114 Carpenter Blvd Roscommon, MI 48653 3d. Treasurer's Phone Number(s): (989) 302-6285
4a. Quarterly Transaction Report Covering:	
January 4 March 24: Ducy April 25th	5. Dissolution of Legal Defense Fund:
☑ January 1 – March 31; Due: April 25th ☐ 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 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 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.
Official's Signature and Dates Mckelle (M Stevenson 4 23,2024
Treasurer's/Designated Record Keeper's Signature and	d Date:



LEGAL DEFENSE FUND COVER PAGE

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and Official.	
1a. Legal Defense Fund I.D. Number: LDF017 1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund 1c. Legal Defense Fund Address: 114 Carpenter Blvd Roscommon, MI 48653	2a. Official's Full Name: Michelle M Stevenson 2b. Official's Office: County Clerk/ROD
1d. Legal Defense Fund Phone: (989) 302-6285	
3a. Treasurer's Full Name: Michelle M Stevenson 3b. Treasurer's Residential Address: 114 Carpenter Blvd Roscommon, MI 48653	3c. Treasurer's Business Address: 114 Carpenter Blvd Roscommon, MI 48653
	3d. Treasurer's Phone Number(s): (989) 302-6285
4a. Quarterly Transaction Report Covering: January 1 – March 31; Due: April 25th	Dissolution of Legal Defense Fund: Effective Date of Dissolution
April 1 – June 30; Due: July 25 th	, ,
☐ July 1 – September 30; Due: October 25th	De la
⊠ 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)	
Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents an	was used in the preparation of this statement and attached schedules (if any) and to re true, accurate and complete.
Official's Signature and Date: Muchelle (Matternso 1,00,2004
Treasurer's/Designated Record Keeper's Signature and	d Date:



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	This Period	Cumulative Calendar Year
1. Contributions	1a. \$ 316.00	_{1b. \$} 4,305.50
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$ 316.00	_{3b. \$} 4,305.50
4. Itemized Expenditures	4a. \$ 316.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	
6. TOTAL EXPENDITURES	6a. \$ 316.00	6b. \$ 4,305.50
BAI	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. \$ 0.00	
9. SUBTOTAL Add lines 7 and 8	9. \$	
10. Amount expended during reporting period (Item 6a.)	10. \$ 0.00	
11. ENDING BALANCE	11.\$ 0.00	
(Subtract line 10 from line 9)	* The ending balance must always be a positive	e number.
	<u> </u>	



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
Name and Address:			* 4 005 50
Roscommon, MI 48653	\$ <u>316.00</u>	\$	\$ <u>4,305.50</u>
4. If over \$100.00 cumulative, please provide: Occupation: County Clerk/ROD			
Employer: Roscommon County Place of Business: 600 Labe St Roscommon MJ 48653			
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:			
			251
	\$	\$	\$
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:	¢ 216.00	•	# 4 20F FO
Page Subtotal: Grand Total:	\$ 316.00	Ψ	\$ <u>4,305.50</u>
(Complete on last page of Schedule)	\$ 316.00	\$	\$ <u>4,305.50</u>
Page1 of1	Forward to #1 Summary Page	Forward to #2 Summary Page	



SCHEDULE 2

Legal Defense Fund I.D. Number and Name:
 LDF 017 Michelle M. Stevenson Legal Defense Fund

LEGAL DEFENSE FUND	EDI 017 WIGHERE W. GLEVENSON		
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	11/15/2023	\$ 316.00
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	Page Subtotal		\$ 316.00
	Grand Total (Complete on last page of Schedule)		\$ 316.00
Page 1 of 1			Forward to #3 Summary Page



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

LEGAL DEFENSE FUND COVER PAGE

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

and Omorali	La Transport of the Control of the C
1a. Legal Defense Fund I.D. Number: LDF017 1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund 1c. Legal Defense Fund Address: 114 Carpenter Blvd Roscommon, MI 48653	2a. Official's Full Name: Michelle M Stevenson 2b. Official's Office: County Clerk/ROD
1d. Legal Defense Fund Phone: (989) 302-6285	District in the second residence of the contral second residence of the second
3a. Treasurer's Full Name: Michelle M Stevenson 3b. Treasurer's Residential Address: 114 Carpenter Blvd Roscommon, MI 48653	3c. Treasurer's Business Address: 114 Carpenter Blvd Roscommon, MI 48653 3d. Treasurer's Phone Number(s): (989) 302-6285
4a. Quarterly Transaction Report Covering: ☐ January 1 - March 31; Due: April 25th ☐ April 1 - June 30; Due: July 25 th ☐ 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)	Effective Date of Dissolution
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. 10, 25, 2033 Date: Michille M Stevasor 10, 25, 2033
Treasurer's/Designated Record Reeper's Signature and	J. J. J. J. J. J. J. 2023



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The state of the s	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$	_{1b. \$} 3,989.50
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$	_{3b. \$} 3,989.50
4. Itemized Expenditures	4a. \$	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	
6. TOTAL EXPENDITURES	6a. \$	_{6b. \$} 3,989.50
ВА	LANCE 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. \$ 0.00	
9. SUBTOTAL Add lines 7 and 8	9. \$	
10. Amount expended during reporting period (Item 6a.)	10.\$ 0.00	
11. ENDING BALANCE	11.\$ 0.00	
(Subtract line 10 from line 9)	* The ending balance must always be a posi	itive number.



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LEGAL DEFENSE FUND COVER PAGE

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

and Official.			
1a. Legal Defense Fund I.D. Number: LDF017 1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund 1c. Legal Defense Fund Address: 114 Carpenter Blvd Roscommon, MI 48653	2a. Official's Full Name: Michelle M Stevenson 2b. Official's Office: County Clerk/ROD		
1d. Legal Defense Fund Phone: (989) 302-0283 3a. Treasurer's Full Name: Michelle M Stevenson 3b. Treasurer's Residential Address: 114 Carpenter Blvd Roscommon, MI 48653	3c. Treasurer's Business Address: 114 Carpenter Blvd Roscommon, MI 48653		
	3d. Treasurer's Phone Number(s): (989) 302-6285		
4a. Quarterly Transaction Report Covering: ☐ January 1 - March 31; Due: April 25th ☐ April 1 - June 30; Due: July 25 th ☐ 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)	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: Mchille M Attensor 7,25,2023			
Treasurer's/Designated Record Keeper's Signature and	Marant		



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* mare start no palebayeching year caper t	Column I This Period	Column II Cumulative Calendar Year			
1. Contributions	1a. \$ 3,594.50	_{1b. \$} 3,989.50			
2. In-Kind Contributions	2a. \$	2b. \$			
3. TOTAL CONTRIBUTIONS	_{3a. \$} 3,594.50	_{3b. \$} 3,989.50			
4. Itemized Expenditures	_{4a. \$} 3,594.50				
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$				
6. TOTAL EXPENDITURES	_{6a. \$} 3,594.50	_{6b. \$} 3,989.50			
BALANCE STATEMENT					
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ _0.00	Lot add 1 prorphi 1 doughterns (ii)			
8. Amount received during reporting period (Item 1a.)	8. \$_3,594.50	M CATALOGUE (CATALOGUE)			
9. SUBTOTAL Add lines 7 and 8	9. \$_3,594.50				
10. Amount expended during reporting period (Item 6a.)	10. \$ 3,594.50	properties; B			
11. ENDING BALANCE (Subtract line 10 from line 9)	11.\$ 0.00				
Security and facilities of the distribution and security and appeals	* 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: Michelle Stevenson 114 Carpenter Blvd Roscommon, MI 48653	\$ <u>3,594.50</u>	361 86 31.6	\$3,989.50
4. If over \$100.00 cumulative, please provide: Occupation: County Clerk/ROD	in assum with		s(**)
Employer: Roscommon County Place of Business: 500 Lake St. Roscommon	o malinito:	NO TIMOCOTO	SERVICE -
Name and Address: 3. Date of Receipt:		379 7 8 8 8 8 8 8	
de la companya a completa de la completa del la completa de la completa del la completa de la completa del la completa de la completa de la completa del la comple	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:	and the reservoir	share and the	Endange,
Employer: Place of Business:	FOUND STORE FOR F	hidde) to serio	hadriosen
Name and Address: 3. Date of Receipt:			- 2
		Les Jaro	TOWNS IN
	\$	\$	\$
If over \$100.00 cumulative, please provide: Occupation:		***************************************	
Employer: Place of Business:	NOT BEAUTO		
Name and Address: 3. Date of Receipt:			
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
	-		
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
Name and Address: 3. Date of Receipt:			
4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:	\$	\$	\$
Page Subtotal:	\$ 3,594.50	\$	\$ 3,989.50
Grand Total: (Complete on last page of Schedule)	\$ 3,594.50	\$	\$ 3,989.50
Page _ 1 _ of _ 1 _	Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND

Legal Defense Fund I.D. Number and Name:
 LDF017 Michelle M Stevenson Legal Defense Fund

LEGAL DEFENSE FUND	DI 017 MICHEILE M Stevenson	Trivilchelle ivi Stevenson Legal Defense Fund		
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	06/20/2023	\$ 3,594.50	
ting activities and because it is a possible and the possible of the second of the sec			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
	Page Subtotal		\$ 3,594.50	
(Co	Grand Total omplete on last page of Schedule)		\$ 3,594.50	
Page1of1			Forward to #3 Summary Page	



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LEGAL DEFENSE FUND COVER PAGE

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

1a. Legal Defense Fund I.D. Number: LDF017 1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund 1c. Legal Defense Fund Address: 114 Carpenter Blvd Roscommon, MI 48653	2a. Official's Full Name: Michelle M Stevenson 2b. Official's Office: County Clerk/ROD	2 1 365 00 2 1 365 00 2 1 365 00
1d. Legal Defense Fund Phone: (989) 302-6285	9.ACA-005. (1.4.10400)7	
3a. Treasurer's Full Name: Michelle M Stevenson 3b. Treasurer's Residential Address: 114 Carpenter Blvd Roscommon, MI 48653	3c. Treasurer's Business Address: 114 Carpenter Blvd Roscommon, MI 48653 3d. Treasurer's Phone Number(s): (989) 302-6285	
4a. Quarterly Transaction Report Covering: January 1 - March 31; Due: April 25th April 1 - June 30; Due: July 25 th 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 Dissolu / / By checking this item, I\We certify that the Legal De outstanding debts, including late filing fees. Note: T funds must be reported on Itemized Expenditure Sc Page.	efense Fund has no assets or
6. Verification: I\We certify that all reasonable diligence the best of my\our knowledge and belief the contents a Official's Signature and Date:	Heerings	4,25,2023



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4 Super \$100.00 calendaries afterwar provide. Decision	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	_{1a. \$} 395.00	_{1b. \$} 395.00
2. In-Kind Contributions 3. TOTAL CONTRIBUTIONS 4. Itemized Expenditures 5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	2a. \$ 395.00 4a. \$ 395.00 5a. \$ 395.00	2b. \$
BA	6a. \$ 395.00	_{6b. \$} 395.00
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	7. \$ _0.00	- 1
Amount received during reporting period (Item 1a.)	8. \$ 395.00	_
9. SUBTOTAL Add lines 7 and 8	9. \$_395.00	_
Amount expended during reporting period (Item 6a.)	10.\$ 395.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11.\$ 0.00 * 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:

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	\$ 395.00	\$	\$ <u>395.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: County Clerk/ROD Employer: Roscommon County Place of Business: 500 Lake St. Roscommon	(2.2	62 s.	Pa Circ
Name and Address: 3. Date of Receipt:			
S. Bate of Necopi.	\$	\$	\$
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:			*
Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation:	\$	\$	\$
Employer: Place of Business:			
Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation:	\$	\$	\$
		Comment of the	Proposition (Assert Assert
Employer: Place of Business: 2. Name and Address: 3. Date of Receipt:		5	
If over \$100.00 cumulative, please provide: Occupation:	\$	\$	\$
Employer: Place of Business:	1		
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	107 36



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND

Legal Defense Fund I.D. Number and Name:
 LDF017 Michelle M Stevenson Legal Defense Fund

SCHEDULE 2 LEGAL DEFENSE FUND	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 300 Woodward Ave Ste 3500 Detroit MI 48	8226 Le	gal Fees	03/31/2023	\$ 395.00
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			Subtotal	\$ 395.00
	(Comp	Gra Dlete on last page of S	nd Total schedule)	\$ 395.00
Page 1 of 1				Forward to #3 Summary Page

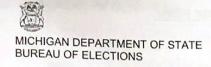


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LEGAL DEFENSE FUND COVER PAGE

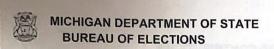
Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official

2a. Official's Full Name: Michelle M. Stevenson 2b. Official's Office: County Cierx Register of Deeds
3c. Treasurer's Business Address: 101 Colum Bus Avc Houghton Laki, M1 48429 3d. Treasurer's Phone Number(s): 1989 3024285
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.
was used in the preparation of this statement and attached schedules (if any) and to e true, accurate and complete. Magnetic Augustus Aug



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	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 790.00	16. \$ 11,676.08
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	3a. \$	3b. \$ 11, 676.08
4. Itemized Expenditures	4a. \$ 790.00	and a larger specific Marks
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$	the part of the State State of the State of
6. TOTAL EXPENDITURES	6a. \$790.00	6b. \$ 11,676.08
BA	LANCE STATEMENT	0.00%
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$	THEIR PRODUCT IN MARKET
Amount received during reporting period (Item 1a.)	8. \$ 790.00	
9. SUBTOTAL Add lines 7 and 8	9. \$_ 790.00	
10. Amount expended during reporting period (Item 6a.)	10.\$ 790.00	
11. ENDING BALANCE	11.\$	
(Subtract line 10 from line 9)	* The ending balance must always be a pos	itive number.



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

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

BLDF 017 Michelle M. Stevenson Legal Deferse Fund

	ere jo, seen		0 50 100 1
Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: 11 28 2022		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Michelle Stevenson	Control of the Control		
IDI Columbus Ave	\$79000	\$	\$11,676.08
4. If over \$100.00 cumulative, please provide: Occupation: County Clerk Rod	MITTER DOCUMENT	07025143	3 22 353 11
	Interney Militia	and the state of the state of	Section 1.
Employer: Roscommon County Place of Business: Roscommon	dinus kines	so redea	2. 6.85-71
Name and Address: 3. Date of Receipt:			25,750
	ON LINEARTHON	1 30 Tally Ch	A CAMBER
	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:	NO SKI POR	THE REAL PROPERTY.	3 1 103 11
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt:			
	George Calabana	erij terrjil si	101998
	2	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:		-	<u> </u>
	LEVED SCH	and would	COMPANY OF THE PARTY OF THE PAR
Employer: Place of Business:	10 1 30MC 1	184 148	E2069.
2. Name and Address: 3. Date of Receipt:			
			Per la Contraction
	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:			,
Employer: Place of Business:			
2. Name and Address: 3. Date of Receipt:			
			Kar Talan
	\$. \$	\$
4. If over \$100.00 cumulative, please provide: Occupation:			of the state of
Employer: Place of Business:	In home		
Name and Address: 3. Date of Receipt:			
	7.402	Little Barrier	
	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:	100000		
Page Subtotal:	\$ 790.00	\$	\$11100.08
Grand Total:	10-01		\$11,676.08
(Complete on last page of Schedule		\$	\$11,616.08
	Forward to #1 Summary	Forward to #2 Summary	April 19 no
Pagelof	Page	Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	Legal Defense Fund I.D. Number and Name: DF017 Michelle M. Stevenson Legal Defense Fund			
Name and address of person or vendor paid		3. Purpose	4. Date	5. Amount
Clark Hill PLC 500 Woodward Ave. 5tr 3500 Detroit, MI 48226		Legal fies	11/28/2022	\$ 790.00
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
		Page Subtotal		\$ 790.00
	10	Grand Total		\$ 790.00
Page of	(C	Complete on last page of Schedule)		Forward to #3 Summary Page



ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: LFD 017	, 37 - 1, - 1 - h 1
2. Type of Filing: Original Filing Amendment: Items: 1 & 8 Eff. Date: 1	1/28/22
3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the word Michelle M. Stevenson Legal Defense Fund 4. Public Official Full Name (Last, First, M.I.):	s "Legal Defense Fund")
5a. Office (Check one): State Senator MSU Trustee Circuit Court Lt. Governor State Rep. WSU Gov. District Court Sec. of State State Bd. of Ed. Supreme Court Probate Court Attorney General UofM Reg. Appeals Court Municipal Court	➤ Local or Other please specify:
5b. District/Circuit # or Jurisdiction:	
6. A description of the criminal, civil or administrative action at issue:	
7. Date of Initial Contribution/Expenditure://	18,141 131
8a. Complete Mailing Address (May be PO Box): 8b. Complete Street Address	s (May not be PO Box):
114 Carpenter Blvd Roscommon, MI 48653 114 Carpenter Blvd Roscommon, MI 48653	
8c. Legal Defense Fund Phone #:	47 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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 #:	The same of the
9c. Treasurer E-mail Address:	
10. Designated Recordkeeper Name:	
11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. Union or Savings & Loan Association)	(Michigan Bank, Credit
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 a the contents are true, accurate and complete to the best of my/our knowledge or belief.	bove statement and that
Public Official Signature: ////////////////////////////////////	1/1281200
Current Treasurer Signature:	/ /
	Date



LEGAL DEFENSE FUND COVER PAGE

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

and Official.	
1a. Legal Defense Fund I.D. Number: 015 1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund 1c. Legal Defense Fund Address: 101 Columbus Ave Houghton Lake, MI 48629	2a. Official's Full Name: Michelle M. Stevenson 2b. Official's Office: County Clerk/Register of Deeds
1d. Legal Defense Fund Phone: (989) 302-6285	
3a. Treasurer's Full Name: Michelle M. Stevenson 3b. Treasurer's Residential Address: 101 Columbus Ave Houghton Lake, MI 48629	3c. Treasurer's Business Address: 101 Columbus Ave Houghton Lake, MI 48629
	3d. Treasurer's Phone Number(s): (989) 302-6285
4a. Quarterly Transaction Report Covering: January 1 - March 31; Due: April 25th April 1 - June 30; Due: July 25 th	5. Dissolution of Legal Defense Fund: Effective Date of Dissolution
☑ July 1 – September 30; Due: October 25th ☐ October 1 – December 31; Due: January 25th 4b. ☐ Amendment to Transaction Report: also mark	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.
(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 an Official's Signature and Date:	
Treasurer's/Designated Record Keeper's Signature and	



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	Column t This Period	Column II Cumulative Calendar Year
1. Contributions	_{1a. \$} <u>5,885.50</u>	_{1b. \$} 10,886.08
2. In-Kind Contributions	_{2a. \$} 0.00	_{2b.} \$ 0.00
3. TOTAL CONTRIBUTIONS	_{3a. \$} 5,885.50	_{3b. \$} 10,886.08
4. Itemized Expenditures	_{4a. \$} 5,885.50	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	_{5a. \$} 0.00	
6. TOTAL EXPENDITURES	_{6a. \$} 5,885.50	_{6b. \$} 10,886.08
ВА	LANCE STATEMENT	
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. \$ 5,885.50	
9. SUBTOTAL Add lines 7 and 8	9. \$_ 5,885.50	
10. Amount expended during reporting period (Item 6a.)	10. \$ 5,885.50	
11. ENDING BALANCE (Subtract line 10 from line 9)	11.\$ 0.00	*
(Capadasi Mio 10 italii Mio oy	* The ending balance must always be a p	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: Michelle M. Stevenson 101 Columbus Ave Houghton Lake, MI 48629	\$ <u>5,885.50</u>	\$	\$10,886.08
4. If over \$100.00 cumulative, please provide: Occupation: county clerk/reg. of deeds			
Employer: Roscommon County Place of Business: Roscommon			
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:			
Name and Address: 3. Date of Receipt:			
4. If over \$100.00 cumulative, please provide: Occupation:	\$	\$	\$
Employer: Place of Business:			
Name and Address: 3. Date of Receipt:			
4. If over \$100.00 cumulative, please provide: Occupation:	\$	\$	\$
Employer: Place of Business:	3.		
2. Name and Address: 3. Date of Receipt:			-
4. If your \$400.00 growth time release manifest Consumptions	\$	\$	\$
4. If over \$100.00 cumulative, please provide: Occupation:			
Employer: Place of Business:	¢ 5 995 50	\$	Ø 40 000 00
Page Subtotal: Grand Total:	\$ 5,885.50	Ψ	\$ 10,886.08
(Complete on last page of Schedule)	\$ 5,885.50	\$	\$ 10,886.08
Page1 of1	Forward to #1 Summary Page	Forward to #2 Summary Page	10 =



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:
 015 Michelle M. Stevenson Legal Defense Fund

LEGAL DEFENSE FUND			Legal Defense Fund		
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		
			\$		
	20		\$		
			\$		
			\$		
			\$		
			\$		
			. \$		
	***		\$		
			\$		
			\$		
		Subtotal	\$ 5,885.50		
	Gra (Complete on last page of S	nd Total chedule)	\$ 5,885.50		
Page 1 of 1			Forward to #3 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.

1a. Legal Defense Fund I.D. Number: 015 1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund 1c. Legal Defense Fund Address: 101 Columbus Ave Houghton Lake, MI 48629 1d. Legal Defense Fund Phone: (989) 302-6285	2a. Official's Full Name: Michelle M. Stevenson 2b. Official's Office: County Clerk/Register of Deeds
3a. Treasurer's Full Name: Michelle M. Stevenson 3b. Treasurer's Residential Address: 101 Columbus Ave Houghton Lake, MI 48629	3c. Treasurer's Business Address: 101 Columbus Ave Houghton Lake, MI 48629 3d. Treasurer's Phone Number(s): (989) 302-6285
4a. Quarterly Transaction Report Covering: ☐ January 1 – March 31; Due: April 25th ☑ April 1 – June 30; Due: July 25 th ☐ 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 the best of my/our knowledge and belief the contents all Official's Signature and Date: Treasurer's/Designated Record Keeper's Signature and	M Steverson 7,25,200



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	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ 5,000.00
2. In-Kind Contributions	2a. \$	2b. \$
3. TOTAL CONTRIBUTIONS	за. \$ 0.00	3b. \$ 5,000.00
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. \$} 5,000.58
ВА	ALANCE 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. \$ 0.00	
9. SUBTOTAL Add lines 7 and 8	9. \$_0.00	
10. Amount expended during reporting period (Item 6a.)	10.\$ 0.00	
11. ENDING BALANCE	11.\$ 0.00	
(Subtract line 10 from line 9)	* The ending balance must always be a posi	itive number.



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.

1a. Legal Defense Fund I.D. Number: 015 1b. Legal Defense Fund Name: Michelle M. Stevenson Legal Defense Fund 1c. Legal Defense Fund Address: 101 Columbus Ave Houghton Lake, MI 48629	2a. Official's Full Name: Michelle M. Stevenson 2b. Official's Office: County Clerk/Register of Deeds
1d. Legal Defense Fund Phone: 989-302-6285	
3a. Treasurer's Full Name: Michelle M. Stevenson 3b. Treasurer's Residential Address: 101 Columbus Ave Houghton Lake, MI 48629	3c. Treasurer's Business Address: 101 Columbus Ave Houghton Lake, MI 48629
	3d. Treasurer's Phone Number(s): 989-302-6285
4a. Quarterly Transaction Report Covering:	Effective Date of Dissolution 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
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 an Official's Signature and Date:	
Treasurer's/Designated Record Keeper's Signature and	2



FOR OFFICIAL USE ONLY

	Column I This Period	Column II Cumulative Calendar Year			
1. Contributions	1a. \$ <u>5,000.00</u>	1b. \$ 5,000.00			
2. In-Kind Contributions	2a. \$	2b. \$			
3. TOTAL CONTRIBUTIONS	3a. \$ 5,000.00	3b. \$ 5,000.00			
Itemized Expenditures	_{4a. \$} 5,000.58				
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$				
6. TOTAL EXPENDITURES	6a. \$ 5,000.58	_{6b. \$} 5,000.58			
BALANCE 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. \$ 5,000.58				
9. SUBTOTAL Add lines 7 and 8	9. \$_5,000.58				
Amount expended during reporting period (Item 6a.)	10. \$ 5,000.58				
11. ENDING BALANCE (Subtract line 10 from line 9)	11.\$ 0.00				
	* The ending balance must always be a positive	e number.			



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND

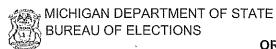
1. Legal Defense Fund I.D. Number and Name:

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: Michelle M. Stevenson 101 Columbus Ave. Houghton Lake, MI 48629	\$ 5,000.00	\$	\$ <u>5,000.00</u>
4. If over \$100.00 cumulative, please provide: Occupation: County clerk/register of deeds			
Employer: Roscommon County Place of Business: Roscommon, MI			
2. Name and Address: Michelle M. Stevenson 101 Columbus Ave. Houghton Lake, MI 48629	\$ <u>0.58</u>	\$	\$ <u>5,000.58</u>
4. If over \$100.00 cumulative, please provide: Occupation: County clerk/register of deeds			
Employer: Roscommon County Place of Business: Roscommon, MI			
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:			
	2		
	\$	\$	\$
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:		and the second s	
Employer: Place of Business:	A = 000 = 0		
Page Subtotal: Grand Total:	\$ 5,000.58	\$	\$ 5,000.58
(Complete on last page of Schedule)	\$ 5,000.58	\$	\$ 5,000.58
Page _ 1 _ of _ 1 _	Forward to #1 Summary Page	Forward to #2 Summary Page	



BUREAU OF ELECTIONS ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND	1	Legal Defense Fund I.D. Number and 15 Michelle M. Stevenson		
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	\$ 5,000.00
USPS 2255 Tower Hill Road Houghton Lake, MI 48629		Stamp	03/15/2022	\$ 0.58
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
		-		\$
		Page Subtotal		\$ 5,000.58
	(C	Grand Total Complete on last page of Schedule)		\$ 5,000.58
Page 1 of 1	nt			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: X Original Filing	Amendment: Items:	Eff. Date: <u>3/</u> 3	12022
3. Full Name of Legal Defense Fund: (Mo Michelle M. Stevenson Legal Defer 4. Public Official Full Name (Last, First, Stevenson, Michelle M. 5a. Office (Check one):	nse Fund	st name and the words "L	egal Defense Fund")
Governor Lt. Governor State Senator State Rep. State Bd. of Ed Attorney General UofM Reg.	WSU Gov. Court Cou	District Court	Local or Other please specify: By Clerk/Reg. of Deeds
5b. District/Circuit # or Jurisdiction: Ro	scommon County		
6. A description of the criminal, civil or	administrative action at issu	e:	
Investigation			
7. Date of Initial Contribution/Expenditu	ure: <u>3 Q Q</u> 022		
8a. Complete Mailing Address (May be F	PO Box): 8b. Com	plete Street Address (N	lay <i>not</i> be PO Box):
Same as above		umbus Ave.	
	Houghto	on Lake, MI 48629	
8c. Legal Defense Fund Phone #: 989302	16285		
8d. Legal Defense Fund Fax #: n/a	, manual de la companya de la compan		<u></u>
8e. Legal Defense Fund E-mail Address	: n/a		RECEIVED/FILLI DUBINALIDE TOF D22 MAR 18 AMIN
8f. Legal Defense Fund Web Address: 1			
9a. Treasurer Name and Complete Stree		•	₹ - 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Michelle M. Stevenson			
101 Columbus Ave.			
Houghton Lake, MI 48629	mankabalaharah kan 1974 - "" a 1974 - Jayan a 1984	, representation of the second se	s i gg
9b.Treasurer Phone #: 9893026285	SWINN A COLOR		
9c. Treasurer E-mail Address: n/a	·····	· · · · · · · · · · · · · · · · · · ·	
10. Designated Recordkeeper Name:	V		
n/a			
11. Name and Address of Depository or Union or Savings & Loan Association)	Intended Depository of Legal D	Defense Fund funds. (Mi	chigan Bank, Credit
North Central Area Federal Credit U	Jnion		
2671 Reserve Road Houghton Lake, MI 48629			
12. Verification: I/We certify that all reason the contents are true, accurate and complete	nable diligence was used in th	e preparation of the abov	e statement and that
21.0 00 1.01.10 0.10 0.10 0.10 0.10 0.10			
Public Official Signature Mchille			3, 2,202
/ / 1/./. 1/.//			3 2 2020 Date 3 2 2022

I DE SO doc REV 09/09. Authority granted under Act 288 of 2008



ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #:	
2. Type of Filing: X Original Filing Amendment: Items: Eff. Date:	3/2/2022
 Full Name of Legal Defense Fund: (Must include Official's first and last name and the word Michelle M. Stevenson Legal Defense Fund Public Official Full Name (Last, First, M.I.): Stevenson, Michelle M. 	s "Legal Defense Fund")
Lt. Governor State Rep. WSU Gov. District Court	➤ Local or Other please specify: ounty Clerk/Reg. of Deeds
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: <u>3 」 </u>	
8a. Complete Mailing Address (May be PO Box): 8b. Complete Street Address	s (May not be PO Box):
Same as above 101 Columbus Ave.	o (may not be 1 o box).
Houghton Lake, MI 4862	9
	NOW THAT IS NOT THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O
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	MICHIGAS 2022 MAR ELECTION
101 Columbus Ave. Houghton Lake, MI 48629	
noughon cake, wit 40029	
9b.Treasurer Phone #: 9893026285	
9b.Treasurer Phone #: 9893026285 9c. Treasurer E-mail Address: n/a	8 P P P P P P P P P P P P P P P P P P P
	8 P P P P P P P P P P P P P P P P P P P
9c. Treasurer E-mail Address: n/a	
9c. Treasurer E-mail Address: n/a 10. Designated Recordkeeper Name:	18 AM IO: 1
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.	18 AM IO: 1
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. Union or Savings & Loan Association) North Central Area Federal Credit Union 2671 Reserve Road	18 AM IO: 1
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. Union or Savings & Loan Association) North Central Area Federal Credit Union 2671 Reserve Road Houghton Lake, MI 48629	(Michigan Bank, Credit
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. Union or Savings & Loan Association) North Central Area Federal Credit Union 2671 Reserve Road	(Michigan Bank, Credit
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. 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 analysis and the preparation of the preparation of the analysis and the preparation of the	(Michigan Bank, Credit
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. 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 attention to the contents are true, accurate and complete to the best of my/our knowledge or belief.	(Michigan Bank, Credit

LDE SO doc REV 09/09. Authority granted under Act 288 of 2008