



STATEMENT OF ORGANIZATION
FOR BALLOT QUESTION COMMITTEES

Form # 9903401625

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

<p>1. Committee Identification No. <u>67113-50</u></p> <hr/> <p>2. Full Name Of Committee <u>L'Anse Creuse Citizens' Committee</u></p> <hr/> <p>2a. Acronym or Abbreviation (If any)</p>	<p>3. Type of Filing</p> <p><input type="checkbox"/> 3a. Original</p> <p><input checked="" type="checkbox"/> 3b. Amendment to Item(s) <u>11</u></p> <p>3c. Date Change Took Place <u>August 8, 1997</u></p> <p>Month _____ Day _____ Year _____</p>								
<p>4. Committee Mailing Address (May be P. O. Box)</p> <hr/> <hr/>	<p>5. Committee Street Address (May <u>not</u> be P. O. Box)</p> <hr/> <hr/>								
<p>6. Full Name and Mailing Address of Committee Treasurer</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Last Name _____</td> <td style="border: none;">First Name _____</td> <td style="border: none;">M.I. _____</td> <td style="border: none;">Street Address or P. O. Box _____</td> </tr> <tr> <td style="border: none;">City _____</td> <td style="border: none;">State _____</td> <td style="border: none;">Zip Code _____</td> <td style="border: none;">Area Code and Phone _____ Driver License # (Optional) _____</td> </tr> </table>		Last Name _____	First Name _____	M.I. _____	Street Address or P. O. Box _____	City _____	State _____	Zip Code _____	Area Code and Phone _____ Driver License # (Optional) _____
Last Name _____	First Name _____	M.I. _____	Street Address or P. O. Box _____						
City _____	State _____	Zip Code _____	Area Code and Phone _____ Driver License # (Optional) _____						
<p>7. Date Committee Was Formed (In Michigan)</p> <p>Mo _____ Day _____ Year _____</p>	<p>8. Committee Area Code and Phone</p> <p>() _____</p>								
<p>9. Designated Recordkeeper. Name and mailing address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Last Name _____</td> <td style="border: none;">First Name _____</td> <td style="border: none;">M.I. _____</td> <td style="border: none;">Street Address or P.O. Box _____</td> </tr> <tr> <td style="border: none;">City _____</td> <td style="border: none;">State _____</td> <td style="border: none;">Zip Code _____</td> <td style="border: none;">Area Code and Phone _____ Driver License # (Optional) _____</td> </tr> </table>		Last Name _____	First Name _____	M.I. _____	Street Address or P.O. Box _____	City _____	State _____	Zip Code _____	Area Code and Phone _____ Driver License # (Optional) _____
Last Name _____	First Name _____	M.I. _____	Street Address or P.O. Box _____						
City _____	State _____	Zip Code _____	Area Code and Phone _____ Driver License # (Optional) _____						
<p>10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 for an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt all count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.</p>									
<p>11. Names and Addresses of depositories or intended depositories of committee funds.</p> <p>11a. Official Depository: Name <u>Macomb Schools and Government Credit Union</u> Street Address <u>40400 Garfield Road</u> City <u>Clinton</u> State <u>MI</u> Zip Code <u>48038</u> Township _____</p> <p>11b. Secondary Depository: Name _____ Street Address _____ City _____ State _____ Zip Code _____</p>									
<p>12. Complete if committee is being registered to support or oppose specific ballot proposals. <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Ballot Proposal: _____</p> <p>If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside.</p> <p><input type="checkbox"/> Statewide <input type="checkbox"/> County _____ <input type="checkbox"/> Multi-County _____ <input type="checkbox"/> Local _____</p>									
<p>13. Verification: I 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 knowledge or belief.</p> <p>Current Treasurer <u>Donald E. deBeauclair</u> <i>Donald E. deBeauclair</i> Date <u>01/30/1998</u></p> <p>Type or Print Name _____ Signature _____ Mo. _____ Day _____ Year _____</p>									



**STATEMENT OF ORGANIZATION FOR
INDEPENDENT, POLITICAL, BALLOT QUESTION
AND POLITICAL PARTY COMMITTEES**

93012013

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly

<p>1. Committee Identification No. <u>67113-50</u></p> <p>2. Full Name of Committee <u>L'Anse Creuse Citizens' Committee</u></p> <p>4. Committee Street Address (street, city, state, zip code) Area Code and Phone</p> <p>6. Full Name and Mailing Address of Treasurer Area Code and Phone (business hours)</p> <p>8. Type of Committee (check one box)</p> <p><input type="checkbox"/> Independent Committee <input type="checkbox"/> Ballot Question Committee <input type="checkbox"/> District Political Party Committee</p> <p><input type="checkbox"/> Political Committee <input type="checkbox"/> State Central Political Party Committee <input type="checkbox"/> County Political Party Committee</p>	<p>3. Type of Filing</p> <p><input type="checkbox"/> Original</p> <p><input checked="" type="checkbox"/> Amendment to Item(s) <u>10</u></p> <p>Date Change Took Place <u>January 8, 1993</u> mo. day yr.</p> <p>5. Committee Mailing Address (if different from street address)</p> <p>7. Date Committee Was Formed mo. day yr.</p>
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JAN 19 1993
 JAN 19 1993
 JAN 19 1993
 FILED
 MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 MT. CLEMENS, MICHIGAN

9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If the committee's treasurer will handle these responsibilities, leave this item blank.

Name	Mailing Address	Area Code/Phone
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10. REPORTING WAIVER SECTION

a. **INDEPENDENT, POLITICAL AND POLITICAL PARTY COMMITTEES:** The committee does not expect to receive or spend more than \$1,000.00 in a calendar year.

b. **BALLOT QUESTION COMMITTEES:** The committee does not expect to receive or spend more than \$1,000.00 for any election.

11. List the names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).

12. Complete if committee is being registered to support or oppose specific candidates.

Name of Candidate	Office Sought (include district number and community)	County of Residence	Party (if any)
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13. Complete if committee is being registered to support or oppose specific ballot proposals.

Ballot Proposal	Support or Oppose	Type (statewide, multi-county, county, local)	If not a statewide proposal, list the county, city, township, village or school district involved. If a multi-county proposal, list the county where the greatest number of voters eligible to vote on the proposal reside.
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14. Verification: I 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 knowledge or belief.

Treasurer Donald E. deBeauclair *Donald E. deBeauclair* Date January 8, 1993
 Type or Print Name Signature mo. day yr.

Authority granted under Act 388 of 1976, as amended.



MICHIGAN DEPARTMENT OF STATE
CAMPAIGN FINANCE REPORTING

- Type or Print Clearly, In Ink.
- Statement Must Be Signed By Committee Treasurer

STATEMENT OF ORGANIZATION
For Independent, Political, Ballot Question and
Political Party Committees

90276005 wj
w

1. Committee Identification No. 67113-50

2. Full Name of Committee
L'Anse Creuse Citizens' Committee

3. Type of Filing
 Original
 Amendment
 Effective date of amendment: **OCT 2 2 53 PM '90**
 October 2, 1990
 Mo. _____ Day _____ Yr. 1990 #11

FILED

4a. Committee Mailing Address
(If different from street address)

6. Had the Committee spent or received \$500.00 or more by the date entered in item 3.
 YES NO

7. Full Name and Mailing Address of Treasurer:

8. Type of Committee (Check one box)
 Independent Committee
 Ballot Question Committee
 Political Committee
 State Central Political Party Committee
 District Political Party Committee
 County Political Party Committee

10. REPORTING WAIVER SECTION
 The Committee does not expect to receive or expend in excess of \$500.00 in an election.

12. Attach a list of the names of groups and organizations which belong to this committee.
 List Attached YES NO

13. If committee supports specific candidates, list their names below:

11. Names and addresses of depositories or intended depositories of committee funds, indicating both official and any secondary depositories
 Macomb Warren Bank
 One North Gratiot Avenue
 Mount Clemens, Michigan 48046-0328
 County of residence _____
 Office sought, including district number and community _____
 Party, if any _____

14. If committee supports or opposes specific ballot questions or issues, indicate below:
 Support or Oppose

Ballot Questions or Issues _____

If not statewide, identify the county in which the greatest number of registered voters eligible to vote on the ballot question reside.
 (statewide, multi-county, county, local)

15. Verification:
 I 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 knowledge or belief.

Treasurer Donald E. deBeauclair
 Signature *Donald E. deBeauclair*
 Date October 2, 1990
 Mo. _____ Day _____ Year _____



MICHIGAN DEPARTMENT OF STATE
CAMPAIGN FINANCE REPORTING

- Type or Print Clearly, in Ink.
- Statement Must Be Signed By Committee Treasurer

STATEMENT OF ORGANIZATION For Independent, Political, Ballot Question and Political Party Committees

W
900/1200 *RP*

1. Committee Identification No. **67113-50**

2. Full Name of Committee
L'Anse Creuse Citizens' Committee

3. Type of Filing
 Original
 Amendment
 Effective date of amendment:
 January 11, 1990
 Mo. _____ Date _____ Year _____

If amendment also complete items 1, 2, 3 and 15 in addition to the item(s) changed. Indicate by item number(s) which item(s) are being changed:
JAN 12 10 58 AM '90 #10

4. Committee Street Address (Street, City, State, Zip Code)
MACOM COUNTY, MI 48850

4a. Committee Mailing Address (if different from street address)
MACOM COUNTY, MI 48850

5. Committee area code and phone: _____

6. Had the Committee spent or received \$200 or more by the date entered in item 5:
 YES NO

Mo. _____ Day _____ Yr. _____

7. Full Name and Mailing Address of Treasurer:

8. Type of Committee (Check one box)
 Independent Committee
 Ballot Question Committee
 Political Committee
 State Central Political Party Committee
 District Political Party Committee
 County Political Party Committee

9. Name, address and position held of Principal Officers of the Committee, other than the Treasurer

10. REPORTING WAIVER SECTION
 The Committee does not expect to receive or expend in excess of \$5000/00/in an election.
 \$1000.00

11. Names and addresses of depositories or intended depositories of committee funds, indicating both official and any secondary depositories

12. Attach a list of the names of groups and organizations which belong to this committee.
 List Attached YES NO

13. If committee supports specific candidates, list their names below:

Office sought, including district number and community _____

County of residence _____

Party, if any _____

14. If committee supports or opposes specific ballot questions or issues, indicate below:
 Support or Oppose _____

Ballot Questions or Issues _____

Type _____
 (statewide, multi-county, county, local)

If not statewide, identify the county in which the greatest number of registered voters eligible to vote on the ballot question reside.

15. Verification:
 I 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 knowledge or belief.

Treasurer **Donald E. deBeauclair** Date **January 11, 1990**

Signature *Donald E. deBeauclair* Mo. _____ Day _____ Year _____



MICHIGAN DEPARTMENT OF STATE
CAMPAIGN FINANCE REPORTING

- Type or Print Clearly, In Ink.
- Statement Must Be Signed By Committee Treasurer

1. Committee Identification No.

67113-50

2. Full Name of Committee

L'Anse Creuse Citizens' Committee

3. Type of Filing
 Original
 Amendment

Effective date of amendment:

January 27, 1989
Mo. Date Year

If amendment, also complete items 1, 2, 3 and 15 in addition to the item(s) changed. Indicate by item number(s) which item(s) are being changed:

#10

4. Committee Street Address (Street, City, State, Zip Code)

4a. Committee Mailing Address (if different from street address)

5. Date Committee was formed

Mo.

Day

Yr.

6. Had the Committee spent or received \$200 or more by the date entered in Item 5?
 YES NO

Committee area code and phone:

7. Full Name and Mailing Address of Treasurer:

8. Type of Committee (Check one box)

- Independent Committee
 Ballot Question Committee
 Political Committee
 State Central Political Party Committee
 District Political Party Committee
 County Political Party Committee

9. Name, address and position held of Principal Officers of the Committee, other than the Treasurer

Area code and phone:

\$1000.00

10. REPORTING WAIVER SECTION

The Committee does not expect to receive or expend in excess of \$500.00 in an election.

12. Attach a list of the names of groups and organizations which belong to this committee.

List Attached YES NO

13. If committee supports specific candidates, list their names below:

Office sought, including district number and community

County of residence

Party, if any

JAN 27 3 37 PM 1989
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

11. Names and addresses of depositories or intended depositories of committee funds, indicating both official and any secondary depositories

14. If committee supports or opposes specific ballot questions or issues, indicate below:

Ballot Questions or Issues

Support or Oppose

Type (statewide, multi-county, county, local)

If not statewide, identify the county in which the greatest number of registered voters eligible to vote on the ballot question reside.

15. Verification:

I 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 knowledge or belief.

Treasurer Donald E. deBeauclair
Type or Print Name

Donald E. deBeauclair
Signature

Date January 27, 1989
Mo. Day Year



MICHIGAN DEPARTMENT OF STATE
Elections Division
Campaign Finance Reporting

- READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.
- TYPE OR PRINT CLEARLY, IN INK.
- AFTER YOUR INITIAL FILING, A COMMITTEE IDENTIFICATION NUMBER WILL BE ASSIGNED TO YOU.
- USE IT ON ALL SUBSEQUENT REPORTS, STATEMENTS AND CORRESPONDENCE.

STATEMENT OF ORGANIZATION

For Independent, Political, Ballot Question and Political Party Committees

For Office Use Only

FILED

Jan 2 12 18 PM '85

1. Committee Identification No. 67113-50	2. Full Name of Committee L'Anse Creuse Citizens Committee	3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Effective date of amendment. January 1, 1985 Mo. Day Yr.	If amendment, also complete items 1, 2, 15 and item(s) being amended. Indicate by item number(s) which item(s) are being changed. #10
4. Committee Street Address (Street, City, State, Zip Code) 23886 Fenton Drive Mount Clemens, Michigan 48043		4a. Committee Mailing Address (If different from street address) Donald E. deBeauclair 23886 Fenton Drive Mount Clemens, Michigan 48043 Area code and phone: (313) 468-3284	
7. Full Name and Mailing Address of Treasurer: Donald E. deBeauclair 23886 Fenton Drive Mount Clemens, Michigan 48043 Area code and phone: (313) 468-3284		8. Type of Committee (Check one box) <input type="checkbox"/> Independent Committee <input checked="" type="checkbox"/> Ballot Question Committee <input type="checkbox"/> Political Committee <input type="checkbox"/> Political Party Committee <input type="checkbox"/> State Central District <input type="checkbox"/> County	
9. Identify the Principal Officers of this Committee, other than the Treasurer. Name Title or Position		5. Date Committee was formed: Mo. Nov. Day 15, Yr. 1968 6. Committee area code and phone: (313) 468-3284 Mailing Address:	

Committee has no Principal Officers other than the Treasurer

10. Check if item applies (See instructions)
 The Committee does not expect to receive or expend in excess of \$500.00 in an election.

11. List depositories or intended depositories of committee funds, indicating official depository first, and then the secondary depositories.
 Name of Bank or Other Depository Mailing Address and Zip Code

First National Bank in Mount Clemens, Michigan

49 Macomb Street, Mount Clemens, Michigan 48043

FILED
JAN 2 12 18 PM '85
Area Code/Phone

12. Attach a list of the names of groups and organizations which belong to this committee.

none

13. If committee supports candidates, list their names below:
Full Name

Office sought, including district number and community

County of residence

Party, if any

N/A

14. If committee supports or opposes ballot questions or issues, indicate below:

Ballot Questions or Issues

Support or Oppose

Type
(statewide, multi-county, county, local)

If not statewide, identify the county in which the greatest number of registered voters eligible to vote on the ballot question reside.

L'Anse Creuse School District Millage

Support

Local

Macomb County

15. Verification:

I 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 knowledge or belief.

Treasurer Donald E. deBeauchclair

Type or Print Name

Donald E. deBeauchclair

Signature

Date January 2, 1985

Mo. Day Year





MICHIGAN DEPARTMENT OF STATE
Elections Division
Campaign Finance Reporting

- READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.
- TYPE OR PRINT CLEARLY, IN INK.
- AFTER YOUR INITIAL FILING, A COMMITTEE IDENTIFICATION NUMBER WILL BE ASSIGNED TO YOU.
- USE IT ON ALL SUBSEQUENT REPORTS, STATEMENTS AND CORRESPONDENCE.

STATEMENT OF ORGANIZATION

For Independent, Political, Ballot Question and Political Party Committees

For Office Use Only

FILED

MAY 25 12 37 PM '84

8821

1. Committee Identification No. 64113-50	2. Full Name of Committee L'Anse Creuse Citizens Committee	3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Effective date of amendment. May 1, 1984 Mo. Day Yr.
4. Committee Street Address (Street, City, State, Zip Code) 23886 Fenton Drive Mount Clemens, Michigan 48043		4a. Committee Mailing Address (If different from street address) ----- ----- -----
7. Full Name and Mailing Address of Treasurer: Donald E. deBeauclair 23886 Fenton Drive Mount Clemens, Michigan 48043 Area code and phone: (313) 468-3284		5. Date Committee was formed Mo. Nov. Day Yr. 1968 6. Committee area code and phone (313) 468-3284
9. Identify the Principal Officers of this Committee, other than the Treasurer. Name Title or Position Committee has no Principal Officers other than the Treasurer		8. Type of Committee (Check one box) <input type="checkbox"/> Independent Committee <input checked="" type="checkbox"/> Ballot Question Committee <input type="checkbox"/> Political Committee <input type="checkbox"/> State Central <input type="checkbox"/> District <input type="checkbox"/> County

10. Check if item applies (See instructions)
 The Committee does not expect to receive or expend in excess of \$500.00 in an election.

11. List depositories or intended depositories of committee funds, indicating official depository first, and then the secondary depositories.
 Name of Bank or Other Depository Mailing Address and Zip Code
 First National Bank in Mount Clemens, Michigan 48043
 49 Macomb Street, Mount Clemens, Michigan 48043

12. Attach a list of the names of groups and organizations which belong to this committee.

None

13. If committee supports candidates, list their names below:
Full Name

Office sought, including district number and community

County of residence

Party, if any

N/A

14. If committee supports or opposes ballot questions or issues, indicate below:

Ballot Questions or Issues

Support or Oppose

Type
(statewide, multi-county, county, local)

If not statewide, identify the county in which the greatest number of registered voters eligible to vote on the ballot question reside.

L'Anse Creuse School District Millage

Support

Local

Macomb County

15. Verification:

I 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 knowledge or belief.

Treasurer Donald E. deBeauclair

Type or Print Name

Signature

Date May 15, 1984

Mo. Day Year





MICHIGAN DEPARTMENT OF STATE
Elections Division
Campaign Finance Reporting

- READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.
- TYPE OR PRINT CLEARLY, IN INK.
- AFTER YOUR INITIAL FILING, A COMMITTEE IDENTIFICATION NUMBER WILL BE ASSIGNED TO YOU.
- USE IT ON ALL SUBSEQUENT REPORTS, STATEMENTS AND CORRESPONDENCE.

STATEMENT OF ORGANIZATION

For Independent, Political, Ballot Question and Political Party Committees

For Office Use Only

90177019

1. Committee Identification No. 67113-50	2. Full Name of Committee L'Anse Creuse Citizen's Committee	3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment Effective date of amendment: May 15 1979 Mo. Day Yr.	If amendment, also complete items 1, 2, 15 and item(s) being amended. Indicate by item number(s) which item(s) are being changed: 9 MAONB EDNA MT. CLEM MICHIGAN
4. Committee Street Address (Street, City, State, Zip Code) Committee Mailing Address (If different from street address)		5. Date Committee was formed Mo. Day Yr. MAY 21 11 AM '79	
7. Full Name and Mailing Address of Treasurer:		8. Type of Committee (Check one box) <input type="checkbox"/> Independent Committee <input type="checkbox"/> Ballot Question Committee <input type="checkbox"/> Political Committee <input type="checkbox"/> State Central <input type="checkbox"/> District <input type="checkbox"/> County	

Area code and phone: Name Ronald J. Haas	Title or Position Chairman	Mailing Address: 29394 Stonecroft, Mt. Clemens, Michigan 48045 Phone: 313-468-6568	Area Code/Phone
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9. Identify the Principal Officers of this Committee, other than the Treasurer.
10. Check if item applies (See instructions)
 The Committee does not expect to receive or expend in excess of \$500.00 in an election.
11. List depositories or intended depositories of committee funds, indicating official depository first, and then the secondary depositories.
 Name of Bank or Other Depository Mailing Address and Zip Code

12. Attach a list of the names of groups and organizations which belong to this committee.

13. If committee supports candidates, list their names below: Full Name Office sought, including district number and community County of residence Party, if any

14. If committee supports or opposes ballot questions or issues, indicate below: Ballot Questions or Issues Support or Oppose Type (statewide, multi-county, county, local) If not statewide, identify the county in which the greatest number of registered voters eligible to vote on the ballot question reside.

15. Verification: I 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 knowledge or belief.

Treasurer Max D. McCullough Type or Print Name Signature Date May 18 1979 Mo. Day Year



MICHIGAN DEPARTMENT OF STATE
Elections Division
Campaign Finance Reporting

- READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.
 - TYPE OR PRINT CLEARLY, IN INK.
 - AFTER YOUR INITIAL FILING, A COMMITTEE IDENTIFICATION NUMBER WILL BE ASSIGNED TO YOU.
- USE IT ON ALL SUBSEQUENT REPORTS, STATEMENTS AND CORRESPONDENCE.

STATEMENT OF ORGANIZATION

For Independent, Political, Ballot Question and Political Party Committees

For Office Use Only

EDNA MILLER

SEP 7 10 52 AM '78

9017708

FILED

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

Indicate by item number(s) which item(s) are being changed:

1. Committee Identification No. **67113-50**
1445-

2. Full Name of Committee
L'Anse Creuse Citizen's Committee

3. Type of Filing
 Original
 Amendment
 Effective date of amendment: **August 29, 1978**
 Mo. Day Yr.

4. Committee Street Address (Street, City, State, Zip Code)
 4a. Committee Mailing Address (If different from street address)

5. Date Committee was formed
 Mo. Day Yr.

6. Committee area code and phone

7. Full Name and Mailing Address of Treasurer:

8. Type of Committee (Check one box)

<input type="checkbox"/> Independent Committee	<input type="checkbox"/> Political Party Committee
<input type="checkbox"/> Ballot Question Committee	<input type="checkbox"/> State Central
<input type="checkbox"/> Political Committee	<input type="checkbox"/> District
	<input type="checkbox"/> County

9. Identify the Principal Officers of this Committee, other than the Treasurer.

Name	Title or Position	Mailing Address:	Area Code/Phone
Joan Conachen	Chairman	25584 Carno, Mt. Clemens, Michigan 48043	313-469-6475

10. Check if item applies (See instructions)
 The Committee does not expect to receive or expend in excess of \$500.00 in an election.
11. List depositories or intended depositories of committee funds, indicating official depository first, and then the secondary depositories.
 Name of Bank or Other Depository
 Mailing Address and Zip Code

12. Attach a list of the names of groups and organizations which belong to this committee.

13. If committee supports candidates, list their names below: Full Name Office sought, including district number and community County of residence Party, if any

14. If committee supports or opposes ballot questions or issues, indicate below: Ballot Questions or Issues Support or Oppose Type (statewide, multi-county, county, local) If not statewide, identify the county in which the greatest number of registered voters eligible to vote on the ballot question reside.

15. Verification: I 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 knowledge or belief.

Treasurer Max D. McCullough Type or Print Name Signature Max D. McCullough Date 9/5/1978 Mo. Day Year



STATEMENT OF ORGANIZATION

11) - 113-093
90177017

EDNA MILLER

- READ INSTRUCTIONS (CFR-000) BEFORE COMPLETING THIS FORM.
- FILL IN ALL ITEMS. IF AN ITEM DOES NOT APPLY, ENTER N/A.
- TYPE OR PRINT CLEARLY, IN INK. ATTACH ADDITIONAL 8 1/2" x 11" PAGES, IF NECESSARY.
- AFTER YOUR INITIAL FILING, A COMMITTEE IDENTIFICATION NUMBER WILL BE ASSIGNED TO YOU. USE IT ON ALL SUBSEQUENT REPORTS, STATEMENTS AND CORRESPONDENCE.

3. TYPE OF FILING **FILED** if amendment, also complete items 1, 2 & 16.

Original
 Amendment
Effective date of amendments, Michigan, which item(s) are being changed.

2. COMMITTEE IDENTIFICATION NO.

67113-50

Mo. Day Yr.

Mo. Day Yr.

5. DATE COMMITTEE WAS ORGANIZED

Mo. Nov. Day 15 Yr. 1968

4. COMMITTEE MAILING ADDRESS (If different from street address)

15 South Gratiot Avenue
Mt. Clemens, Michigan 48043

6. COMMITTEE AREA CODE AND PHONE

313-463-0597

1. FULL NAME AND MAILING ADDRESS OF TREASURER:

D. McCullough
South Gratiot Avenue
Clemens, Michigan 48043

8. TYPE OF COMMITTEE

Political Party Committee
 State Central Committee
 District Committee
 County Committee
 Candidate Committee
 Other Committee
 Ballot Question Committee

9. COMMITTEE SUPPORTS CANDIDATES, LIST THEIR NAMES BELOW

Office Sought (See Instructions, item 9)
NONE

Party, if Any

IF THIS IS A CANDIDATE COMMITTEE, THE COMMITTEE DOES NOT EXPECT TO RECEIVE OR EXPEND IN EXCESS OF \$500.00 IN AN ELECTION. IF OTHER THAN A CANDIDATE COMMITTEE, THE COMMITTEE DOES NOT EXPECT TO RECEIVE OR EXPEND IN EXCESS OF \$500.00 IN A CALENDAR YEAR.

COMMITTEE POINTS OR OPPOSES BALLOT QUESTIONS OR ISSUES, INDICATE BELOW.

Ballot Question or Issue

Support or Oppose

Type (state, county, local)

SUPPORT

LOCAL

L'Anse Creuse School District Millage

IDENTIFY THE PRINCIPAL OFFICERS OF THIS COMMITTEE, OTHER THAN THE TREASURER.

Title or Position

Mailing Address

Area Code/Phone

Thurdis D. Sprunger

Chairman

39417 Cloverleaf Drive
Mt. Clemens, Mich. 48045

313-468-4048

ATTACH A LIST OF THE NAMES OF GROUPS AND ORGANIZATIONS WHICH BELONG TO THIS COMMITTEE.

LIST DEPOSITORIES OF COMMITTEE FUNDS, INDICATING OFFICIAL DEPOSITORY FIRST, AND THEN THE SECONDARY DEPOSITORIES.

Mailing Address and Zip Code

Name of Bank or Other Depository

First National Bank

49 Macomb Street
Mt. Clemens, Michigan 48043

15. THIS ITEM APPLIES ONLY TO A GUBERNATORIAL CANDIDATE COMMITTEE.

Check if this committee intends to seek qualifying contributions for public funding, or make qualifying expenditures.

VERIFICATION.

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.

Signature of Treasurer

Mauph M. Cuddegar

Date

Mo. 6

Day

Year 1977

Signature of Candidate (if candidate committee)

Date

Mo.

Day

Year

THIS SECTION TO BE FILLED IN BY OFFICEHOLDER ONLY.

Check if Officeholder has an officeholder's expense fund. If Officeholder has an officeholder's expense fund, complete items 17a and 17b.

Check if Officeholder may establish an officeholder's expense fund.

FULL NAME, MAILING ADDRESS AND ZIP CODE OF TREASURER OF OFFICEHOLDER'S EXPENSE FUND

17b. OFFICEHOLDER EXPENSE FUND DEPOSITORY NAME AND MAILING ADDRESS.