



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

16 MAR 29 AM 8:06

CARHELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

BALLOT QUESTION COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 2/22/16 To 3/28/16

1. Committee I.D. Number 67113-50

4. Committee's Mailing Address

2. Committee Name
L'Anse Creuse Citizens Committee

Area Code and Phone: _____
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address
Susan Sligh
39363 West Archer
Harrison Township, MI 48045
(586) 307-8967

Area Code and Phone

6. Treasurer's Business Address
N/A

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Kelly Allen
2163 Highsplint Drive
Rochester Hills, MI 48307
(586) 321-9798

Area Code and Phone

8. TYPE OF STATEMENT:

8a. ☐ PRE-ELECTION
OR
☒ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☒ PRIMARY
☐ GENERAL
☒ SCHOOL
☐ SPECIAL
☐ OTHER

Date of Election
MARCH 2, 2016

8b.

☐ FEBRUARY STATEMENT
☐ APRIL STATEMENT
☐ JULY STATEMENT
☐ OCTOBER STATEMENT

8c. ☐ ANNUAL STATEMENT
(____ Coverage Year)

8d.

☐ Post Petition Sample Filing
under MCL 166.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. ☐ AMENDMENT TO
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c, 8d, or 8f
to indicate which Statement is
being amended)

8f. ☐ DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that
the committee has no assets or
outstanding debts, including late
filing fees. Note: The disposition of
residual funds must be reported on
Schedule 4B and the Summary
Page.

A committee that does not have a Reporting Water must file an annual Campaign Statement. The Campaign Statement must include all applicable fees. The committee must also file a Statement of Organization, and a Statement of Assets and Liabilities. If the committee has a Reporting Water, the committee must file a Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Water is not received within or before the filing deadline of a required campaign statement, that campaign statement can not be filed.

DO NOT WRITE IN THESE SPACES. THESE SPACES ARE FOR THE USE OF THE BUREAU OF ELECTIONS. ANY INFORMATION PROVIDED HEREIN IS FOR OFFICIAL USE ONLY.

Signature of Treasurer

Susan Sligh



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number **67113-50**

2. Committee Name **L'Anse Creuse Citizens Committee**

RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a) \$	0.00	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b) \$	NOT APPLICABLE	
c. Subtotal of Contributions	(3c) \$	0.00	(18) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4) \$	0.00	(19) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5) \$	0.00	(20) \$
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-1K, Column 7)	(6a) \$	0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b) \$	NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7) \$	0.00	(21) \$
EXPENDITURES			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a) \$	2,004.00	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b) \$	0.00	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c) \$	0.00	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d) \$	0.00	
e. Subtotal of Expenditures	(8e) \$		(22) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9) \$	0.00	(23) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10) \$	2,004.00	(24) \$
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11) \$	0.00	(25) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a) \$	0.00	
b. Owed to the Committee (Schedule 4E)	(12b) \$	0.00	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13) \$	3,687.62	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14) +	\$0.00	
15. SUBTOTAL Add lines 13 and 14	(15) =	\$3,687.62	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16) -	\$2,004.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17) \$	1,683.62	

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

67113-50

1. Committee I.D. Number

2. Committee Name L'Anse Creuse Citizens Committee

3. Name and address of person to whom paid	4. State purpose of expenditure 5. Identify the ballot proposal involved Indicate whether supported or opposed	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Aull, Heidi 24445 Kolleen Lane Clinton Township, MI 48035 (All American Screen Printing Inc.) (42496 Mound, Sterling Hgts MI 48314)	4. Purpose: <u>Reimburse:AllAmericanAp</u> 5. Ballot Proposal: <u>Renewal Non-Homestead M</u>	2/29/16 Date of Expenditure	\$ 126.41	\$ 126.41
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Macomb</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type <input type="radio"/>		
Expenditure # 2 Name & Address: Aull, Heidi 24445 Kolleen Lane Clinton Township, MI 48035 (Branders Com Inc.) (9320 NW13th St#11, Miami, FL 33172)	4. Purpose: <u>Reimburse:Branders Mints</u> 5. Ballot Proposal: <u>Renewal Non-Homestead M</u>	2/29/16 Date of Expenditure	\$ 468.59	\$ 595.00
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Macomb</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type <input type="radio"/>		
Expenditure # 3 Name & Address: Printing By Johnson 1430 South Gratiot Avenue Mount Clemens, MI 48043	4. Purpose: <u>100 Lawn Signs</u> 5. Ballot Proposal: <u>Renewal Non-Homestead M</u>	3/1/16 Date of Expenditure	\$ 750.00	\$ 1,345.0
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Macomb</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type <input type="radio"/>		
Expenditure # 4 Name & Address: Printing By Johnson 1430 South Gratiot Avenue Mount Clemens, MI 48043	4. Purpose: <u>3 - 4'X6' Banners</u> 5. Ballot Proposal: <u>Renewal Non-Homestead M</u>	3/10/16 Date of Expenditure	\$ 360.00	\$ 1,705.0
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Macomb</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type <input type="radio"/>		

Subtotal this page

\$1,705.00

Grand Total of Schedules 4B
(Complete on last page of Schedule)

Enter this total
on Line 8a of
the Summary
Page



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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

67113-50

1. Committee I. D. Number

2. Committee Name

L'Anse Creuse Citizens Committee

3. Name and address of person to whom paid	4. State purpose of expenditure 5. Identify the ballot proposal involved Indicate whether supported or opposed	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: 5 Star Outdoor L.L.C. 2187 Orchard Lake Road, Suite 102 West Bloomfield, MI 48320	4. Purpose Billboard Message 5. Ballot Proposal: Renewal Non-Homestead N	3/16/16 Date of Expenditure	\$ 299.99	\$ 2,004.0
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: Macomb <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser				
Expenditure # 2 Name & Address:	4. Purpose:			
	5. Ballot Proposal:		\$	\$
	County:	Date of Expenditure		
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser				
Expenditure # 3 Name & Address:	4. Purpose:			
	5. Ballot Proposal:		\$	\$
	County:	Date of Expenditure		
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser				
Expenditure # 4 Name & Address:	4. Purpose:			
	5. Ballot Proposal:		\$	\$
	County:	Date of Expenditure		
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser				

Subtotal this page

\$299.00

Grand Total of Schedules 4B
(Complete on last page of Schedule)

\$2,004.00

Enter this total
on Line 8a of
the Summary
Page