



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 1/1/15 To 2/21/16

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's 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 Silich
39363 West Archer
Harrison Township, MI 48045
Area Code and Phone (586) 307-8967

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Kelly Allen
2163 Highsplit Drive
Rochester Hills, MI 48307
Area Code and Phone (586) 321-9798

FILED
 16 FEB 29 PM 2:43
 CARRIELLA SABAUGH
 CLERK
 HACHB COUNTY, MICHIGAN

6. Treasurer's Business Address
N/A
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 8, 2016

8b

FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT

8c ANNUAL STATEMENT
(___ Coverage Year)

8d

Post-Petition Sample Filing under MCL 168.483a

(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 Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

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

Current Treasurer or Designated Record Keeper
Susan Silich
Type or Print Name

Susan Silich
Signature



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 67113-50

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: Allen, Kelly 2163 Highsplint Drive Rochester Hills, MI 48037 (Staples) (51382 Gratiot, Chesterfield, MI 48024) <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Reimbursement for Address</u> 5. Ballot Proposal: <u>Renewal Non-Homestead M</u> County: <u>Macomb</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>1/27/16</u> Date of Expenditure	\$ <u>39.72</u>	\$ <u>2,645.21</u> Click for Memo Itemization Type <input type="button" value="v"/>
Expenditure # 2 Name & Address: Allen, Kelly 2163 Highsplint Drive Rochester Hills, MI 48037 (Charter Township of Chesterfield) (47275 Sugarbush Road, Chesterfield,	4. Purpose: <u>Reimbursement for Copies</u> 5. Ballot Proposal: <u>Renewal Non-Homestead M</u> County: <u>Macomb</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>2/13/16</u> Date of Expenditure	\$ <u>14.25</u>	\$ <u>2,659.51</u> Click for Memo Itemization Type <input type="button" value="v"/>
Expenditure # 3 Name & Address: All American Screen Printing Inc 42496 Mound Road Sterling Heights MI 48314 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>25 Election Day Aprons</u> 5. Ballot Proposal: <u>Renewal Non-Homestead M</u> County: <u>Macomb</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>2/13/16</u> Date of Expenditure	\$ <u>126.40</u>	\$ <u>2,785.91</u> Click for Memo Itemization Type <input type="button" value="v"/>
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	 Date of Expenditure	 	 Click for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$180.37**

Grand Total of Schedules 4B
(Complete on last page of Schedule) **\$2,785.93**

Enter this total on Line 8a of the Summary Page