



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE  
COVER PAGE**

**FILED**

**18 APR -3 PM 1:48**

**MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN**

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: 2/11/18 To 4/20/18

1. Committee I.D. Number <u>67113-50</u>	4. Committee's Mailing Address  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.
2. Committee Name <b>L'Anse Creuse Citizens Committee</b>	

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

6. Treasurer's Business Address  Area Code and Phone	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) <b>Kelly Allen</b> <b>2163 Highsplint Drive, Rochester Hills, MI 48307</b> Area Code and Phone <b>(586)321-9798</b>
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<p><b>8. TYPE OF STATEMENT:</b></p> <p>8a. <input type="checkbox"/> PRE-ELECTION OR <input type="checkbox"/> POST-ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER _____</p> <p>Date of Election <u>March 8, 2016</u></p>	<p>8b. <input type="checkbox"/> FEBRUARY STATEMENT <input checked="" type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT</p> <p>8c. <input type="checkbox"/> ANNUAL STATEMENT (____ Coverage Year)</p>	<p>8d. <input type="checkbox"/> 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)</p> <p>8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT  (Complete Item 8a, 8b, 8c, 8d, or 8f to indicate which Statement is being amended)</p>	<p>8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE REQUEST</p> <p>Effective Date of Dissolution _____</p> <p>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.</p>
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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 SUSAN SILICH  
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE  
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**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 67113-50  
2. Committee Name L'Anse Creuse Citizens Committee

	Column I This Period	Column II Cumulative for Election Cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>0.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.--</u>	(19.) \$ _____
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>0.--</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. <b>TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0.00</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ _____
10. <b>TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>0.00</u>	(24.) \$ _____
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1687.99</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>\$0.61</u>	
15. <b>SUBTOTAL</b> Add lines 13 and 14	(15.) = <u>1688.60</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>\$0.00</u>	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>1688.60</u>	

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



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ITEMIZED OTHER RECEIPTS  
SCHEDULE 4A-1  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 67113-50  
2. Committee Name L'Anse Creuse Citizens Committee

3. Name & Address From Whom Received Receipt	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Michigan Schools & Government Credit Union 45120 Market Place Boulevard Chesterfield Township, MI 48051	3/31/18	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <a href="#">Click Here for Memo Items</a> <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ 0.61
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <a href="#">Click Here for Memo Items</a> <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <a href="#">Click Here for Memo Items</a> <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <a href="#">Click Here for Memo Items</a> <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <a href="#">Click Here for Memo Items</a> <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <a href="#">Click Here for Memo Items</a> <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Page Subtotal			\$0.61
Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)			\$0.61

Enter this total on  
line 4 of Summary  
Page