



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE  
COVER PAGE

FILED  
19 JAN -2 AM 9:58

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 10/21/10 To 12/31/10

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 Silich

39363 West Archer, Harrison Township, MI 48045

Area Code and Phone (586) 307-8967

6. Treasurer's Business Address

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

Area Code and Phone

Area Code and Phone (586)321-9798

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

( 10 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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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.) \$ <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>0.63</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>0.63</u>	(20.) \$ _____

**IN-KIND CONTRIBUTIONS**

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. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ _____

**EXPENDITURES**

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. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>0.00</u>	(24.) \$ _____

**IN-KIND EXPENDITURES**

11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ _____
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**DEBTS AND OBLIGATIONS**

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>

**BALANCE STATEMENT**

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1689.85</u>
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>\$0.63</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1690.48</u>
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>\$0.00</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1690.48</u>



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Clear Form

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	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <b>Michigan Schools &amp; Government Credit Union</b> <b>45120 Marketplace Boulevard</b> <b>Chesterfield Township, MI 48051</b>	Date of Receipt <b>12/31/18</b>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ <b>0.63</b> Click Here for Memo Itemization Type
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Page Subtotal			<b>\$0.63</b>
Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)			<b>\$0.63</b>

Enter this total on  
line 4 of Summary  
Page