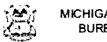


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE COVER PAGE

COVERTAC	/ 			FOR OFFICIAL	ONLY		
			_ 7/21/1	1.3	16920/19		
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.		3.	This Statement covers From:				
Committee I.D. Number 67113-50		4. Committee's Mailing Address					
L'Anse Creuse Citizens Committee		lf th	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.				
Susanus likeleme and Residential and Susanus likeleme and Residential and Susanus likeleme and Residential and	Harrison lownship,	MI 48	045				
Area Code and Phone (586) 307	7-8967						
6. Treasurer's Business Address		7. Des	7. Designated Record Keeper's Name and Mailing Address Kelly Alleh				
		2163	Highsplint Drive, Rocheste	er Hills, MI 4	18307		
Assa Cado and Phone		Area C	ode and Phone (586) 321-9798	3			
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 COTOBER STATEMEN Coverage Year)	T NT	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. DISSOLU COMMITTEE RI Effective Date By checking this the committee to outstanding det filling fees. Note residual funds i Schedule 4B at Page.	s item, I certify that has no assets or ots, including late at the control of the control of the Summary		
	able diligence was used in th	e prepara	ampaign Statements. The Campaign sand outstanding debts count against the normation was shown on the committed or a statement. If a request for a Rempaign statement can not be waive tion of this statement and attached sch				
Current Treasurer or Designated Record Keeper	Susan Silich	1	SUSTUSTUS Signature	enh			
131	N. VI. I HIM PARENT						



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

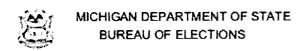
SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____

L'Anse Creuse Citizens Committee

2. Committee Name

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
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 0.00	(18.)\$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 0.63	(20.) \$
IN-KIND CONTRIBUTIONS		
In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-lK, Column 7)	(6a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	The state of the s
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 0.00	(21.)\$
EXPENDITURES		
8. Expenditures	0.00	
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ 0.00	
b. Itemized Get-Out-The Vote (Schedule 48-G, Column 6)	(8b.) \$	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ 0.00	
d. Uniterrized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ 0.00	
e. Subtotal of Expenditures	(8e.) \$ 0.00	(22.)\$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9) \$ 0.00	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 0.00	(24.) \$
IN-KIND EXPENDITURES 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	0.00	
a. Owed by the Committee (Schedule 4E)	(12a.)\$	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ 0.00	
BALANCE STATEMENT		
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	
Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + \$0.63	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1692.34</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - \$0.00	***************************************
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1692.34	*



ITEMIZED OTHER RECEIPTS SCHEDULE 4A-1 BALLOT QUESTION COMMITTEE

2. Committee Name_

1. Committee I.D. Number _____ L'Anse Creuse Citizens Committee

Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Michigan Schools & Government C Union 45120 Marketplace Boulevard Chesterfield Township, MI 48051	Date of Receipt 9/30/19 redit Fund Raiser	Loan from a Lending Institution Interest Click Here for Men Refund\Rebate Other (Specify)	\$ 0.63 no Itemization Type •
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution Interest Refund\Rebate Click Here for Mer	sno Iternization Type 🗘
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution Interest Refund\Rebate Click Here for Mer	sno Itemization Type 🗘
Receipt #4 Name & Address:	Date of Receipt Fund Raiser	Loan from a Lending Institution Interest Click Here for Mer Refund\Rebate Other (Specify)	\$
Receipt #5 Name & Address:	Date of Receipt Fund Raiser	Loan from a Lending Institution	s mo Iternization Type 🔾
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution Interest Click Here for Mer Other (Specify)	s mo Itemization Type •
		Page Subtotal Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)	\$0.63 \$0.63 Enter this total on

line 4 of Summary Page

1 1 >age _____ of ____