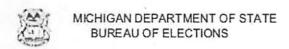


MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

BALLOT QUESTION COMMITTEE COVER PAGE

OOVER.					•	
		Γ			FICIAL 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: //21/20 To		т _о <u>12/31/20</u>	
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 Statement of Organization, mail may official.	n the commi	 ittee mailing address on this address by the filing	
Sustanus likeleme and Residenti 39363 W Archer Dr Harrison Twip, MI 48045 Area Code and Phone (586)30	5			HT CLE	FILE 21 JAN -4	
6. Treasurer's Business Address		7. De	esignated Record Keeper's Name and M the committee has a Designated Record	alling Addres	- T- [-1]	
Area Code and Phone		Area	Code and Phone			
8. TYPE OF STATEMENT:	8b. FEBRUARY STATEMEN	п	8d: Post Petition Sample Filing under MCL 168.483a	COMMITT	SSOLUTION OF EE REQUEST	
PRE-ELECTION OR POST- ELECTION Pre-Election or Post-Election Statement relates to: PRIMARY GENERAL SCHOOL SPECIAL OTHER: Date of Election: March 8, 2016	DAPRIL STATEMENT DULY STATEMENT OCTOBER STATEMENT 8c X ANNUAL STATEMEN (2021 Coverage Year)	NT	(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)	By checkir the commi outstandin filing fees. residual fu Schedule Page.	e Date of Dissolution Ing this item, I certify that itiee has no assets or ng debts, including late. Note: The disposition of unds must be reported on 4B and the Summary	
A committee that does not have a Schedules. Direct contributions, ir if any of the information listed in its amendment to the Statement of Or or before the filing deadline of a	Reporting Waiver must file all re n-kind contributions, loans, expering loans 4, 5, 6, or 7 has changed sing reganization should accompany the required campaign statement	quired nditures nce the ris Can	Campaign Statements. The Campaign Stand outstanding debts count against the information was shown on the committe paign Statement. If a request for a Reampaign statement can not be waived	Statements ne \$1,000 Repe's Statemer porting Wai	nust include all applicable porting Walver threshold. it of Organization, an iver is not received on	
9. Verification: I certify that all reason my knowledge and belief the co	onable diligence was used in the ontents are true, accurate and co	prepar implete	ation of this statement and attached scho	edules (if any	y) and to the best of	
Current Treasurer or Designated Record Keeper	Susan Silich	1	818018DT	ZR_		
Ty	pe or Print Name		Signature			



SUMMARY PAGE BALLOT QUESTION COMMITTEE

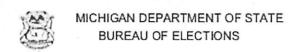
1. Committee I.D. Number ____

L'Anse Creuse Citizens Committee

2. Committee Name

	2. Committee Name		
RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle	
 Contributions 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.) \$ NOT APPLICABLE 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.) \$	(20.) \$	
IN-KIND CONTRIBUTIONS			
In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$		
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	0.00		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ 0.00	-	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$		
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 48-2, Column 7)	(8c.) \$ _0.00		
d. Unitemized 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.) 5 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.)\$ 0.00 (12b.) \$ 0.00	•	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	- 1	
BALANCE STATEMENT	4004.01		
 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.) + \$0.84		
15. SUBTOTAL Add lines 13 and 14	(15.) =		
 Amount expended during reporting period (Line 10, Column I, Total Expenditures) 	(16.) - 0.00		
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	•	

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



ITEMIZED OTHER RECEIPTS SCHEDULE 4A-1 **BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number ____

L'Anse Creuse Citizens Committee

2. Committee Name_

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Michigan Schools & Government O Union 45120 Marketplace Blvd Chesterfield Twp, MI 48051	Date of Receipt 9/30/20 Credit Fund Raiser	Loan from a Lending Institution Interest Click Here for Men Refund\Rebate Other (Specify)	s 0.42
Receipt #2 Name & Address: Michigan Schools & Government C Union 45120 Marketplace Blvd Chesterfield Twp, MI 48051	Date of Receipt 12/31/20 Credit Fund Raiser	Loan from a Lending Institution Interest Refund\Rebate Click Here for Mer Other (Specify)	\$ 0.42
Receipt #3 Name & Address:	Date of Receipt Fund Raiser	Loan from a Lending Institution Interest Refund\Rebate Click Here for Mer	\$no Itemization Type
Receipt #4 Name & Address:	Date of Receipt	Loan from a Lending Institution Interest Click Here for Mer Refund\Rebate Other (Specify)	\$ no Itemization Type
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution	\$no Itemization Type
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution	\$no Itemization Type
1 1		Page Subtotal Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)	\$0.84 \$0.84 Enter this total on line 4 of Summary Page