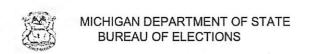


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE COVER PAGE

		_		FOR OFFICIA	L USE ON	NLY			
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.			3.This Statement covers From: 01/01/21 To 04/2021						
1. Committee I.D. Number 67113-50			4. Committee's Mailing Address						
2. Committee Name L'Anse Creuse Citizens Committee			Area Code and Phone: ————————————————————————————————————						
Suran Silich 39363 W ArcherDr Harrison Twp, MI 48045 Area Code and Phone (586)30	5				MACUES MT. CLEP	21 APR			
6. Treasurer's Business Address N/A			signated Record Keeper's Name and Nihe committee has a Designated Record	lailing Address d Keeper)	ACUMS COUNTY CLER	-1 PM 4:2			
Area Code and Phone	Lau	Area	Code and Phone	T	Z×	6			
8. TYPE OF STATEMENT:	8b.	IT	Bd: Post Petition Sample Filing under MCL 168.483a	8f. L DISSOLU COMMITTEE RE					
8a. PRE-ELECTION	X APRIL STATEMENT			Effective Date	of Dissolu	tion			
OR Pre-Election or Post-Election Statement relates to:	JULY STATEMENT		(Required of Statewide Ballot Question Committees only after the submission of a sample petitio prior to circulating the petition)	By checking this the committee h outstanding deb filing fees. Note	is item, I certify that has no assets or bts, including late te: The disposition of				
PRIMARY	8c. ANNUAL STATEMEN	IT	Be. AMENDMENT TO CAMPAIGN STATEMENT	filing fees. Note residual funds n Schedule 4B an	iust be rep d the Sum	onted on mary			
GENERAL SCHOOL SPECIAL OTHER: Date of Election:	(Coverage Year)		(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	Page.					
March 8, 2016									
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.									
 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. 									
	san Silich De or Print Name	i	SUSLI SULT. Signature	h	A 8/4 W. A.				
1									



SUMMARY PAGE BALLOT QUESTION COMMITTEE

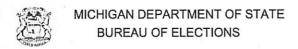
67113-50

1. Committee I.D. Number

L'Anse Creuse Citizens Committee

2. Committee Name RECEIPTS Column I Column II This Period Cumulative for Election Cycle 0.00 3. Contributions a. Itemized Contributions(Schedule 4A, Column 6) (3a.) \$ b. Unitemized Contributions (3b.) \$ NOT APPLICABLE (less than \$20.01 - no Schedule) 0.00 (3c.) \$ c. Subtotal of Contributions (18.) \$ _____ 0.00 4. Other Receipts (Schedule 4A-1, Column 6) (4.) \$_ (19.) \$ _____ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$ 0.41 (20.) \$ _____ (Add Line 3 c + Line 4) **IN-KIND CONTRIBUTIONS** 6. In-Kind Contributions (6a.) \$ 0.00 a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7) b. Unitemized (less than \$20.01 each - no Schedule) (6b.) \$ NOT APPLICABLE (7.) \$_0.00 7. TOTAL IN-KIND CONTRIBUTIONS (21.)\$_ (Add Line 6a + Line 6b) **EXPENDITURES** 8. Expenditures 0.00 a. Itemized Direct Expenditures (Schedule 4B, Column 7) (8a.) \$ (8b.) \$ b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6) c. In-Kind Expenditures - Purchase of Goods or Services 0.00 (8c.) \$ (Schedule 4B-2, Column 7) 0.00 (8d.) \$ d. Unitemized Expenditures (\$50.00 or less-no Schedule) 0.00 (22.) \$ (8e.) \$ e. Subtotal of Expenditures 0.00 9. Independent Expenditures (Schedule 4B-1, Column 7) (23.) \$ (9.) \$ 0.00 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) (24.) \$ ___ (10.) \$ IN-KIND EXPENDITURES (11.) \$ 0.00 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8) **DEBTS AND OBLIGATIONS** (12a.)\$ 0.00 12. Debts and Obligations a. Owed by the Committee (Schedule 4E) (12b.) \$ 0.00 b. Owed to the Committee (Schedule 4E) **BALANCE STATEMENT** 13. Ending Balance of last report filed (13.) \$ 1695.05 (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) (14.) + \$0.41 15. SUBTOTAL Add lines 13 and 14 (15.) = ___ (16.) - 0.00 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) 17. ENDING BALANCE (17.) \$ 1695.46 (Subtract line 16 from line 15)

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



ITEMIZED OTHER RECEIPTS SCHEDULE 4A-1

1. Committee I.D. Number

. Committee I.D. Number				
L'Ar	ise	Creuse	Citizens	Committee

BALLOT QUESTION COMMITTEE 2. Committee Name 6. Amount 4. Date of 5. Type of Receipt 3. Name & Address From Whom Received Receipt Date of Receipt 03/31/21 \$ 0.41 Receipt #1 Loan from a Lending Institution Name & Address: Michigan Schools & Government Credit Interest Click Here for Memo Itemization Type Union Refund\Rebate 45120 Marketplace Blvd Chesterfield Twp, MI 48051 Other (Specify) Fund Raiser Receipt #2 Date of Receipt Loan from a Lending Institution Name & Address: ✓ Interest Refund\Rebate Click Here for Memo Itemization Type Other (Specify) _ Fund Raiser Receipt #3 Date of Receipt Loan from a Lending Institution Name & Address: Interest Refund\Rebate Click Here for Memo Itemization Type Other (Specify) Fund Raiser Date of Receipt Receipt #4 Loan from a Lending Institution Name & Address: Interest Click Here for Memo Itemization Type Refund\Rebate Other (Specify) ___ Fund Raiser Receipt #5 Date of Receipt Loan from a Lending Institution \$ Name & Address: Interest Click Here for Memo Itemization Type Refund\Rebate Other (Specify) _ Fund Raiser Receipt #6 Date of Receipt Loan from a Lending Institution Name & Address: Interest Refund\Rebate Click Here for Memo Itemization Type Other (Specify) Fund Raiser \$0.41 Page Subtotal Grand Total of All Schedules 4A -1 \$0.41

Page _

Enter this total on line 4 of Summary Page

(Complete on last page of Schedule)