Clear Form



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE COVER PAGE

			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: 11	3. This Statement covers From: 112421 To 10/20/21	
1. Committee I.D. Number 67113-50		4. Committee's Mailing Address	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 fro the Statement of Organization, mail ma	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.	
Susan Silich 39363 W ArcherDr Harrison Twp, MI 48045 Area Code and Phone (586)30				
6. Treasurer's Business Address N/A		Designated Record Keeper's Name and M (If the committee has a Designated Record	failing Address d Keeper)	
Area Code and Phone		Area Code and Phone		
8. TYPE OF STATEMENT: 8a. PRE-ELECTION OR X POST-ELECTION Pre-Election or Post-Election Statement relates to: PRIMARY GENERAL SCHOOL SPECIAL OTHER: Date of Election: March 8, 2016	8b. FEBRUARY STATEMENT JULY STATEMENT OCTOBER STATEMENT 8c. ANNUAL STATEMENT Coverage Year)	(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)	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.	
Verification: I certify that all reason my knowledge and belief the con Current Treasurer or Designated Record Keeper	able diligence was used in the pr	uired Campaign Statements. The Campaign S litures and outstanding debts count against the e the information was shown on the committee s Campaign Statement. If a request for a Rer that campaign statement can not be waived reparation of this statement and attached sche plete. Sugul Sugu		



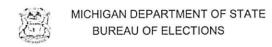
SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 67113-50

L'Anse Creuse Citizens Committee

RECEIPTS Column I Column II This Period Cumulative for Election Cycle (3a.) § 0.00 Contributions a. Itemized Contributions(Schedule 4A, Column 6) b. Unitemized Contributions (3b.) \$ NOT APPLICABLE (less than \$20.01 - no Schedule) (3c.) \$ 0.00 c. Subtotal of Contributions (4.) \$ 0.00 (19.) \$ _____ 4. Other Receipts (Schedule 4A-1, Column 6) (5.) \$ 0.42 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (20.) \$ _____ (Add Line 3 c + Line 4) IN-KIND CONTRIBUTIONS 6. In-Kind Contributions a. Itemized In-Kind Contributions (6a.) \$ 0.00 (Schedule 4-IK, Column 7) (6b.) \$ NOT APPLICABLE b. Unitemized (less than \$20.01 each - no Schedule) 7. TOTAL IN-KIND CONTRIBUTIONS (7.) \$ 0.00 (21.) \$ ____ (Add Line 6a + Line 6b) **EXPENDITURES** 8. Expenditures (8a.) \$ 0.00 a. Itemized Direct Expenditures (Schedule 4B, Column 7) (8b.) \$ 0.00 b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6) c. In-Kind Expenditures - Purchase of Goods or Services (8c.) \$ 0.00 (Schedule 4B-2, Column 7) $(8d.) \, s \, 0.00$ d. Unitemized Expenditures (\$50.00 or less-no Schedule) (8e.) \$ 0.00 (22.) \$ ____ e. Subtotal of Expenditures (9.) \$ 0.00 (23.) \$ ___ 9. Independent Expenditures (Schedule 4B-1, Column 7) (10.) \$ 0.00 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) (24.) \$ IN-KIND EXPENDITURES 11. Total In-Kind Expenditures-Endorsements, Donations or (11.) \$ 0.00 (25.) \$ __ 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.) \$ 1695.88 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (14.) + \$0.42(Line 5, Column I, Total Contributions & Other Receipts) (15.) = \$1696.30 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) (16.) - \$0.00 (17.) \$ 1696.30 17. ENDING BALANCE (Subtract line 16 from line 15)

^{*}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

	2. 0011111111001101		
Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Date of Receipt 9/30/2021 Name & Address: Michigan Schools & Government Credit Union 45120 Marketplace Boulevard		Loan from a Lending Institution	_{\$} 0.42
		Interest Click Here for Me	mo Itemization Type
Cheaterfield, MI 48051		Refund\Rebate	
	Fund Raiser	Other (Specify)	
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution	\$
		Interest	
		Refund\Rebate Click Here for Me	mo Itemization Type
d .	Fund Raiser	Other (Specify)	
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution	\$
		Interest	
		Refund\Rebate Click Here for Me	mo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #4 Name & Address:	Date of Receipt	Loan from a Lending Institution	\$
		Interest Click Here for Me	mo Itemization Type
		Refund\Rebate	, no nomization type
	Fund Raiser	Other (Specify)	
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution	\$
		Interest	
		Click Here for Me	mo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #6	Date of Receipt	Loan from a Lending Institution	\$
Name & Address:		Interest	
		Refund\Rebate Click Here for Me	mo Itemization Type
	Fund Raiser	Other (Specify)	
		Page Subtotal	\$0.42
		Grand Total of All Schedules 4A - (Complete on last page of Schedule	\$0.42
1 1			Enter this total on line 4 of Summary

___ of __

ine 4 of Summary Page