



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

07 AUG 24 PM 2:19

BALLOT QUESTION COMMITTEE
COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

CAROLLEA SADAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 1-1-06 To 12-31-06

1. Committee I.D. Number

67113-50

2. Committee Name

L'ANSE CREUSE CITIZENS' COMMITTEE

4. Committee's Mailing Address

23886 FENTON DR
CLINTON TWP, MI 48036-2914

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

DONALD E. DEBEAUCLAIR
23886 FENTON DR
CLINTON TWP, MI 48036-2914
Area Code and Phone (586) 468-3284

6. Treasurer's Business Address

SAME AS #5

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:

8a. ☐ PRE- ELECTION

OR

8b. ☐ POST- ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ SCHOOL

☐ SPECIAL

Date of Election: _____

8c. ☒ ANNUAL STATEMENT
(06 Coverage Year)

8d. ☐ QUALIFICATION

OR

☐ NON-QUALIFICATION
STATEMENT (Required of
State-wide Ballot Question
Committees Only)

Date of Qualification or Non-
Qualification: _____

8e. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete item 8a, 8b, 8c 8d, or 8f to
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

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

DONALD E. DEBEAUCLAIR
Type or Print Name

Signature

Date

August 23, 2007



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>56.15</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>56.15</u>	(18.) \$ <u>- 0 -</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>56.15</u>	(20.) \$ <u>56.15</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ _____	
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.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ _____	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ _____	(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		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>6,314.68</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>56.15</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>6,370.83</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>3,583.88</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,786.95</u>	*

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: <u>MICH SCHOOL & GOV. C.U.</u> <u>40400 GARFIELD</u> <u>CLINTON TWP, MI 48035</u>	Date of Receipt <u>2006</u>	<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) _____	\$ <u>56.15</u> 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			<u>56.15</u>
Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)			<u>56.15</u>

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 67113-50

2. Committee Name L'ANSE CREUSE CITIZENS COMMITTEE

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: <u>U.S. POSTAL SERVICE</u> <u>155 SOUTH MAIN STREET</u> <u>MT CLEMENS, MI 48043</u>	4. Purpose: <u>POSTAGE ON PERMIT #430</u> 5. Ballot Proposal: <u>SCHOOL ELEC</u>	<u>2/28/06</u> Date of Expenditure	<u>\$ 2020.00</u>	<u>\$ 2020.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>OAKLAND PRESS</u> <u>1754 MAPLE LAWN</u> <u>TROY, MI 48064</u>	4. Purpose: <u>PRINTING</u> 5. Ballot Proposal: <u>SCHOOL ELEC</u>	<u>6-19-06</u> Date of Expenditure	<u>\$ 833.00</u>	<u>\$ 833.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <u>NETEL COMMUNICATION</u> <u>P.O BOX 4181</u> <u>CAROL STREAM, ILL</u> <u>60197-4181</u>	4. Purpose: <u>PHONE SERVICE</u> 5. Ballot Proposal: <u>SCHOOL ELEC</u>	<u>6-26-06</u> Date of Expenditure	<u>\$ 530.88</u>	<u>\$ 530.88</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: <u>LORI SPENCER</u> <u>24205 MANILA</u> <u>CLINTON TWP, MI</u> <u>48035</u>	4. Purpose: <u>DESIGN POSTCARD</u> 5. Ballot Proposal: <u>SCHOOL ELEC</u>	<u>7-11-06</u> Date of Expenditure	<u>\$ 200.00</u>	<u>\$ 200.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page 3,583.88

Grand Total of Schedules 4B
(Complete on last page of Schedule) 3,583.88

Enter this total
on Line 8a of
the Summary
Page