



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

BALLOT QUESTION COMMITTEE
COVER PAGE

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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 <u>1/1/08</u> To <u>12/31/08</u>	
4. Committee's Mailing Address 18708 Thomasine Clinton Twp. Mi. 48036 Area Code and Phone <u>(586) 783-1185</u> <small>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.</small>	
5. Treasurer's Name and Residential Address Robert D. Randlett 18708 Thomasine Clinton Twp. Mi. 48036 Area Code and Phone <u>(586) 783-1185</u>	
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. <input type="checkbox"/> PRE- ELECTION OR 8b. <input type="checkbox"/> POST- ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL Date of Election: _____	
8c. <input checked="" type="checkbox"/> ANNUAL STATEMENT (<u>2008</u> Coverage Year) 8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only) Date of Qualification or Non- Qualification: _____	8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) 8f. <input type="checkbox"/> 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.
<p>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.</p> <p>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.</p>	
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 <u>Robert D. Randlett</u> Type or Print Name	<u>Robert D. Randlett</u> Date <u>1-20-09</u> Signature



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

		Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS			
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$	<u>15.66</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$	<u>15.66</u>	(18.) \$ <u> </u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	<u> </u>	(19.) \$ <u> </u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	<u>15.66</u>	(20.) \$ <u>15.66</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	<u> </u>	
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.) \$	<u> </u>	(21.) \$ <u> </u>
EXPENDITURES			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$	<u> </u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	<u> </u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$	<u> </u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	<u> </u>	
e. Subtotal of Expenditures	(8e.) \$	<u> </u>	(22.) \$ <u> </u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	<u> </u>	(23.) \$ <u> </u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u> </u>	(24.) \$ <u> </u>
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	<u> </u>	(25.) \$ <u> </u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$	<u> </u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	<u> </u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>1,811.65</u> ✓	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	<u>15.66</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>1,827.31</u> ✓	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u> </u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1,827.31</u> ✓	*

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



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 67113-50

2. Committee Name L'Anse Creuse Citizens Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt 12/31/08

Name & Address:

Mich Schools & Gov. C.U/

\$ 15.66 \$ 15.66

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$15.66

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

\$15.66

Enter this total
on line 3a of
Summary
Page