



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 01/01/10 To 12/31/10

1. Committee I.D. Number **6711 3-50**

4. Committee's Mailing Address **18708 Thomasine Clinton
Twp. Mi 48036**

2. Committee Name
L'Anse Creuse Citizens Committee

Area Code and Phone **(586) 783-1185**

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

Robert D. Randlett 18708 Thomasine Clinton Twp Mi. 48036

Area Code and Phone **(586) 783-1185**

6. Treasurer's Business Address

Same as # 5

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

Area Code and Phone

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
(2010 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 **Robert D. Randlett**

Type or Print Name

Signature

Date **01/15/11**



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 671113-50

2. Committee Name L'Anse Creuse Citizens Committee

RECEIPTS

3. Contributions

a. Itemized Contributions (Schedule 4A, Column 6)

Column I
This Period
(3a.) \$ 4.06

b. Unitemized Contributions
(less than \$20.01 - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of Contributions

(3c.) \$ 4.06

Column II
Cumulative for Election Cycle

(18.) \$ 4.06

4. Other Receipts (Schedule 4A-1, Column 6)

(4.) \$ _____

(19.) \$ _____

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**
(Add Line 3 c + Line 4)

(5.) \$ 4.06

(20.) \$ 4.06

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.) \$ NOT APPLICABLE

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.) \$ 1,835.37

14. Amount received during reporting period
(Line 5, Column I, Total Contributions & Other Receipts)

(14.) + 4.06

15. **SUBTOTAL** Add lines 13 and 14

(15.) = 1,839.43

16. Amount expended during reporting period
(Line 10, Column I, Total Expenditures)

(16.) - _____

17. **ENDING BALANCE**
(Subtract line 16 from line 15)

(17.) \$ 1,839.43

*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 Name & Address: Mich Schools & Gov. C. U.	4. Date of Receipt <u>12/31/10</u>	\$ <u>4.06</u>	\$ <u>4.06</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address:	4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address:	4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:	4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$4.06

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

\$4.06

Enter this total
on line 3a of
Summary
Page