

## ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR BALL OT QUESTION COMMITTEES

OTATEMENT OF CROAMZATION FORM	TON DALLOT GOLOTION COMMITTIES
1. Committee ID #: 67113-50	Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing: Original	a. Official Depository
Amendment to Items: 6, 8, 9 Eff. Date: 10-6-11	Mich. Schools & Gout. Credit Union
· ′	40400 Garfreld
3. Date Committee was Formed: 1000-1977	Chinton Twp, MI 48038 b. Secondary Depository
4. Full Name of Committee: L'AMSE Creuse Citizens Committee	b. Secondary Depository
5. Acronym or Abbreviation (if any):	
Complete Committee Mailing Address (May be PO Box):	12. Complete if Committee is being registered to support or oppose a specific ballot proposal: Support or Oppose
	Description: Nov. 8, 2011, Spec. Educ. Millage Enhance
L'Anse Creuse Citizens Comm. 7. Complete Committee. Street Address (May not be PO Box):	If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside:
asyon woble br.	Statewide Mar (A)
Chesterfreid, MI 48051	Decounty: Macomb See 3
` ` '	With County:
Committee Phone #: (586) 948-5096	Local: = Total
Committee Fax #:	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Electrons enly and does not
Committee E-mail Address: did plt@ concool. wel	apply to Ballot Question Committees that file was strike County Clerk's office.
Committee Website Address:	
8. Treasurer Name and Complete Address:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar
Darla Taravella	year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to
29-107 Noble Or.	you free of charge to assist you in meeting this requirement.
Chesterfield, MI 48051	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
Phone #586) 948-3296	** OR **
E-mail Address d'Apl+@ comcast. Net	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
9. Designated Record Keeper Name and Complete Address:	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate
Paula Rose	and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that
36727 Jefferson Ave 10045	verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all easonable diligence will be used in the
Harrison Twp, MI 48010	preparation of each statement electronically filed by this committee and that the pontents of each statement will be true, accurate and complete to the best
18045 Harrison Twp, MI 48045 Phone #: 586-783-6300 X12+4	of my/our knowledge or belief. (Sign Name and Date below)
E-mail Address: YOS Pau (a) ( - 15.079	Current Treasurer (Date)
10. REPORTING WAIVER REQUEST: If the committee does not expect	
to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is	Designated Record Keeper (Date)
waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.	(Required only if filing electronically)