FILED

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

11 OCT 25 AM 9:18

CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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: 10/06/11 To 11/08/11

1. Committee I.D. Number 67113-50

4. Committee's Mailing Address 25407 Noble Drive
Chesterfield, MI 48051

2. Committee Name
L'Anse Creuse Citizens Committee

Area Code and Phone (586) 948-5696
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
Darla Taravella
25407 Noble Drive
Chesterfield, MI 48051

Area Code and Phone (586) 948-5696

6. Treasurer's Business Address
Same

Area Code and Phone (586) 948-5696

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Paula Rose c/o L'Anse Creuse Public Schools
36727 Jefferson Avenue
Harrison Township, MI 48045

Area Code and Phone (586) 783-6300

2011 OCT 19 P 2:
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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:
11/08/11

8c. ☐ ANNUAL STATEMENT
(____ Coverage Year)

8d. ☐ QUALIFICATION

OR

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

Date of Qualification or Non-Qualification:
10/06/11

8e. ☐ AMENDMENT TO CAMPAIGN STATEMENT
(Complete Item 8a, 8b, 8c 8d, 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 Darla Taravella (Type or Print Name) (Signature) Date 10/11/11

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.) $ 3.48	
b. Unitemized Contributions (less than $20.01 - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) $ 3.48	(18.) $
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) $	(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) $ 3.48	(20.) $ 3.48
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.) $ 1,839.43
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 3.48
15. SUBTOTAL Add lines 13 and 14	(15.) = 1,842.91
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 1,842.91

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 67113-50

2. Committee Name L'Anse Creuse Citizens Comittee

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:
Michigan Schools & Government Credit Union
P.O. Box 46460
Mt. Clemens, MI 48046

4. Date of Receipt 09/30/11

$ 2.48 $ 2.48

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
Name & Address:

4. Date of Receipt _____

$ _____ $ _____

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
Name & Address:
Robert D. Randlett
18708 Thomasine, Clinton Township, MI 48036

4. Date of Receipt 03/08/11

$ 1.00 $ 1.00

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
Name & Address:

4. Date of Receipt _____

$ _____ $ _____

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	$3.48
Grand Total of All Schedules 4A (Complete on last page of Schedule)	$3.48

Enter this total on line 9a of Summary Page

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