



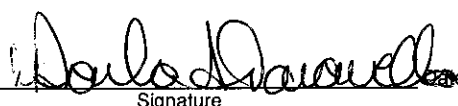
MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE  
COVER PAGE

FILED  
11 NOV 29 AM 8:30  
CARROLLA S. DAUGH  
RECORD COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number <b>67113-50</b>		3. This Statement covers From: <u>11/09/11</u> To <u>11/22/11</u>	
2. Committee Name <b>L'Anse Creuse Citizens Committee</b>		4. Committee's Mailing Address <b>25407 Noble Drive Chesterfield, MI 48051</b>  Area Code and Phone <u>(586) 948-5696</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 <b>Darla Taravella 25407 Noble Drive Chesterfield, MI 48051</b>  Area Code and Phone <u>(586) 948-5696</u>			
6. Treasurer's Business Address <b>Same</b>  Area Code and Phone <u>(586) 948-5696</u>		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) <b>Paula Rose c/o L'Anse Creuse Public Schools 36727 Jefferson Ave., Harrison Twp., MI 48045</b>  Area Code and Phone <u>(586) 783-6300</u>	
8. TYPE OF STATEMENT:  8a. <input type="checkbox"/> PRE- ELECTION OR 8b. <input checked="" type="checkbox"/> POST- ELECTION  Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL  Date of Election: <u>11/08/11</u>		8c. <input type="checkbox"/> ANNUAL STATEMENT ( <u>    </u> Coverage Year)  8d. <input checked="" type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)  Date of Qualification or Non- Qualification: <u>10/06/11</u>	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 <u>                                    </u>  <small>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.</small>
<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>Darla Taravella</u> Type or Print Name		<u></u> <u>11/22/11</u> Signature Date	



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**

3. Contributions

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

(3a.) \$ 1,000.00

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

(3b.) \$ NOT APPLICABLE

c. Subtotal of Contributions

(3c.) \$ 1,000.00

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

(4.) \$ 0.00

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

(5.) \$ 1,000.00

Column II  
Cumulative for Election Cycle

(18.) \$ 1,000.00

(19.) \$ 0.00

(20.) \$ 1,000.00

**IN-KIND CONTRIBUTIONS**

6. In-Kind Contributions

a. Itemized In-Kind Contributions  
(Schedule 4-IK, Column 7)

(6a.) \$ 0.00

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.) \$ 1,131.50

b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)

(8b.) \$ 0.00

c. In-Kind Expenditures - Purchase of Goods or Services  
(Schedule 4B-2, Column 7)

(8c.) \$ 0.00

d. Unitemized Expenditures (\$50.00 or less-no Schedule)

(8d.) \$ 0.00

e. Subtotal of Expenditures

(8e.) \$ 1,131.50

(22.) \$ 1,131.50

9. Independent Expenditures (Schedule 4B-1, Column 7)

(9.) \$ 0.00

(23.) \$ 0.00

10. **TOTAL EXPENDITURES** (Add Line 8e + Line 9)

(10.) \$ 1,131.50

(24.) \$ 1,131.50

**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.) \$ 1,842.91

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

(14.) + 1,000.00

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

(15.) = 2,842.91

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

(16.) - 1,131.50

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

(17.) \$ 1,711.41 \*

\*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 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)
<b>3. Contribution # 1</b> Name & Address: Wakely Associates, Inc. 30500 Van Dyke Avenue, Suite M-7 Warren, MI 48093		<b>4. Date of Receipt</b> <u>10/14/11</u>	<b>6. Amount</b> \$ <u>500.00</u> \$ <u>500.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>Architect</u> Employer <u>see above</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 2</b> Name & Address: Barton Malow 26500 American Drive Southfield, MI 48034		<b>4. Date of Receipt</b> <u>09/29/11</u>	<b>6. Amount</b> \$ <u>500.00</u> \$ <u>1000.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>Construction Mgr.</u> Employer <u>see above</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> Name & Address:		<b>4. Date of Receipt</b>	<b>6. Amount</b> \$ _____ \$ _____
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> Name & Address:		<b>4. Date of Receipt</b>	<b>6. Amount</b> \$ _____ \$ _____
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

**\$1,000.00**

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

**\$1,000.00**

Enter this total  
on line 3a 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:  Paula Rose 37733 Maplehill Harrison Township, MI 48045	4. Purpose: <u>Reimburse for Panera gift thank you cards</u>  5. Ballot Proposal: <u>Nov. 8 spec. educ millage enhancement</u>	<u>11/09/11</u> Date of Expenditure	\$ <u>155.00</u>	\$ <u>155.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	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:  Printing by Johnson 1430 South Gratiot Ave. Mount Clemens, MI 48043	4. Purpose: <u>business cards, foam boards for election</u>  5. Ballot Proposal: <u>Nov. 8 spec educ. millage enahcement</u>	<u>10/11/11</u> Date of Expenditure	\$ <u>976.50</u>	\$ <u>1131.50</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	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:	4. Purpose:		\$	\$
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	5. Ballot Proposal:		\$	\$
<input type="checkbox"/> Fund Raiser	County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address:	4. Purpose:		\$	\$
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	5. Ballot Proposal:		\$	\$
<input type="checkbox"/> Fund Raiser	County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

\$1,131.50

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

\$1,131.50

Enter this total  
on Line 8a of  
the Summary  
Page