

FILED



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

11 NOV 22 PM 1:41

**BALLOT QUESTION COMMITTEE  
COVER PAGE**

CARROLLA SABAUGH  
MACOMB 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>01/01/11</u> To <u>10/23/11</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 checked="" type="checkbox"/> PRE-ELECTION OR 8b. <input 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 (____ Coverage Year)  8d. <input type="checkbox"/> QUALIFICATION OR <input checked="" 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 checked="" 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.	
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 <u>Darla Taravella</u> Type or Print Name		<u><i>Darla Taravella</i></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	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>1.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>1.00</u>	(18.) \$ <u>1.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>2.48</u>	(19.) \$ <u>2.48</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>3.48</u>	(20.) \$ <u>3.48</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-K, Column 7)	(6a.) \$ _____	
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.) \$ _____	(21.) \$ _____
<b>EXPENDITURES</b>		
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.) \$ _____
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,839.43</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>3.48</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1,842.91</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - _____	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,842.91</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 Name & Address: <b>Robert D. Randlett</b> <b>18708 Thomasine</b> <b>Clinton Township, MI 48036</b>		4. Date of Receipt <u>03/08/11</u>  \$ <u>1.00</u>	\$ <u>1.00</u>  <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address:		4. Date of Receipt _____  \$ _____	 \$ _____  <a href="#">Click Here for Memo Itemization</a>
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			
3. Contribution # 3 Name & Address:		4. Date of Receipt _____  \$ _____	 \$ _____  <a href="#">Click Here for Memo Itemization</a>
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			
3. Contribution # 4 Name & Address:		4. Date of Receipt _____  \$ _____	 \$ _____  <a href="#">Click Here for Memo Itemization</a>
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			

Page Subtotal

**\$1.00**

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

**\$1.00**

Enter this total  
on line 3a of  
Summary  
Page



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ITEMIZED OTHER RECEIPTS  
SCHEDULE 4A-1  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 67113-50

2. Committee Name L'Anse Creuse Citizens Committee

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Michigan Schools & Government Credit Union P.O. Box 46460 Mt. Clemens, MI 48046	Date of Receipt <u>09/30/11</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ <u>2.48</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Page Subtotal			\$2.48
Grand Total of All Schedules 4A-1 (Complete on last page of Schedule)			\$2.48

Enter this total on  
line 4 of Summary  
Page