

FILED



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

11 DEC -8 PM 3:19

**BALLOT QUESTION COMMITTEE
COVER PAGE**

CARMELLA 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.

3.This Statement covers From: 01/01/11 To 10/23/11

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 Ave., Harrison Twp., MI 48045**
Area Code and Phone **(586) 783-6300**

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, 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 **Darla Taravella** Darla Taravella 12/8/11
Type or Print Name Signature



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>1,001.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>1,001.00</u>	(18.) \$ <u>1,001.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>2.48</u>	(19.) \$ <u>1,003.48</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>1,003.48</u>	(20.) \$ <u>1,003.48</u>
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.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>976.50</u>	
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.) \$ <u>976.50</u>	(22.) \$ <u>976.50</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>976.50</u>	(24.) \$ <u>976.50</u>
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.) \$ <u>1,839.43</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>1,003.48</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2,842.91</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>976.50</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,866.41</u>	*

*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)

3. Contribution # 1 4. Date of Receipt 03/08/11

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

\$ 1.00 \$ 1.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 4. Date of Receipt 09/29/11

Name & Address:
Barton Malow
 26500 American Drive
 Southfield, MI 48034

\$ 500.00 \$ 501.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 4. Date of Receipt 10/14/11

Name & Address:
Wakely Associates, Inc.
 30500 Van Dyke Ave., Suite M-7
 Warren, MI 48093

\$ 500.00 \$ 1001.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 4. Date of Receipt _____

Name & Address: _____

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$1,001.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$1,001.00**

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
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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 <small>Click Here for Memo Itemization Type</small> <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 <input type="checkbox"/> Refund\Rebate <small>Click Here for Memo Itemization Type</small> <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 <input type="checkbox"/> Refund\Rebate <small>Click Here for Memo Itemization Type</small> <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 <input type="checkbox"/> Refund\Rebate <small>Click Here for Memo Itemization Type</small> <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 <input type="checkbox"/> Refund\Rebate <small>Click Here for Memo Itemization Type</small> <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 <input type="checkbox"/> Refund\Rebate <small>Click Here for Memo Itemization Type</small> <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



MICHIGAN DEPARTMENT OF STATE
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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: Printing by Johnson 1430 South Gratiot Ave. Mount Clemens, MI 48043 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Business cards, foam boards for election</u> 5. Ballot Proposal: <u>Nov. 8 spec. educ. millage enhancement</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/11/11</u> Date of Expenditure	\$ <u>976.50</u> \$ <u>976.50</u>	\$ <u>976.50</u>
Expenditure # 2 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	\$ _____
Expenditure # 3 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	\$ _____
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	\$ _____

Subtotal this page **\$976.50**
 Grand Total of Schedules 4B (Complete on last page of Schedule) **\$976.50**

Enter this total on Line 8a of the Summary Page