



FILED
12 JAN 18 PM 2:15
CARROLLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 11/29/11 To 12/31/11

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

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.

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

8a. ☐ 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.

10/06/11

11/08/11

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.

Current Treasurer or
Designated Record Keeper

er Darla Taravella, Darla Taravella Date 01/18/12
 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.) \$		
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	0.60	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	0.60	(20.) \$ 0.60
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.) \$	1,310.16	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	0.60	
15. SUBTOTAL Add lines 13 and 14	(15.) =	1,310.76	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	1,310.76	

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>12/31/11</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ <u>.60</u> Click Here for Memo Itemization Type
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Page Subtotal			\$0.60
Grand Total of All Schedules 4A-1 (Complete on last page of Schedule)			\$0.60

Enter this total on
line 4 of Summary
Page