

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

FILED 12 JAN 18 PM 2: 15

BALLOT QUESTION COMMITTEE COVER PAGE

HACOTE COUNTY CLERK MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

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Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.	3.This Statement covers Fro	3.This Statement covers From: 11/29/11 To 12/31/11				
1. Committee I.D. Number 67113-50	4. Committee's Mailing Addr	^{ress} 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 D Chesterfield, M	rive					
Area Code and Phone (586) 948-5696						
6. Treasurer's Business Address	 Designated Record Keeper's (If the committee has a Designation) 	Name and Mailing Address inated Record Keeper)				
Same	Paula Rose c/o L'Anse	aula Rose c/o L'Anse Creuse Public Schools 6727 Jefferson Ave., Harrison Twp., MI 48045				
Area Code and Phone	Area Code and Phone (586) 783	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:	8c. ANNUAL STATEMENT (Coverage Year) 8d. QUALIFICATION OR NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)	8e. DAMENDMENT 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				
11/08/11	Date of Qualification or Non- Qualification:	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 Walver 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 Walver 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 Walver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be walved. 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 Type or Print Name Signature						



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

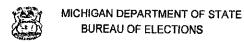
SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 67113-50

	2. Committee Name L'Anse Creuse	Citizens Committee
RECEIPTS	Column I This Period	Column II
Contributions a. itemized Contributions(Schedule 4A, Column 6)	(3a.) \$	Cumulative for Election Cycle
b. Uniternized 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		
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.) \$	
 In-Kind Expenditures - Purchase of Goods or Services (Schedule 48-2, Column 7) 	(8c.) \$	
d. Uniternized 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		
 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	
 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.

From: 5867836310 01/18/2012 15:14 #346 P.003/004



ITEMIZED OTHER RECEIPTS SCHEDULE 4A-1 BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 67113-50

		2. Committee N	e Name Exhise Creuse Chizeris Committee			
Name & Address From Whom Received Receipt		4. Date of	5. Type of Receipt		6. Amount	
Receipt #1 Name & Address:	Date of Receipt	12/31/11	Loan from a Ler	iding Institution	\$.60	
Michigan Schools & Governmer P.O. Box 46460 Mt. Clemens, MI 48046	nt Credit Union	 1	Interest Refund\Rebate	Click Here for M	emo Itemization Typ	
Pagaint #9		Fund Raiser	Other (Specify)			
Receipt #2 Name & Address:	Date of Receipt		Loan from a Lei		\$	
			Interest Refund\Rebate	Click Here for Me	emo Itemization Typ	
	["	Fund Raiser	Other (Specify)			
Receipt #3 Name & Address;	Date of Receipt	und Neiser	<u> </u>	nding institution	•	
			Interest	_	\$	
			Refund\Rebate	Click Here for Me	mo Itemization Typ	
		Fund Raiser	Other (Specify)			
Receipt #4 Name & Address:	Date of Receipt		Loan from a Len	ding institution	\$	
			Interest	Click Here for Mo	mo Itemization Typ	
			Refund\Rebate		mo remization typ	
Donain Mr		Fund Raiser	Other (Specify)			
Receipt #5 Name & Address:	Date of Receipt _		Loan from a Lend	ting Institution	\$	
			Interest	Click Here for Mer	no itemization Type	
	-1		Refund\Rebate			
Receipt #6 ame & Address:	Date of Receipt	und Raiser				
	•		Loan from a Lend	ing institution	\$	
			—	Click Here for Men	no Itemization Type	
	F	und Raiser	Other (Specify)			
				Page Subtotal	\$0.60	
			Grand Total of All (Complete on last p	Schedules 4A -1 age of Schedule)	\$0.60	
1of_1_				_	Enter this total on line 4 of Summary Page	