



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

<p>1. Committee ID #: 67113-50</p> <p>2. Type of Filing: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Items: <u>6,7,8,9</u> Eff. Date: <u>11/20/12</u></p> <p>3. Date Committee was Formed: <u>11/01/77</u></p> <p>4. Full Name of Committee: L'Anse Creuse Citizens Committee</p> <p>5. Acronym or Abbreviation (if any):</p> <p>6. Complete Committee Mailing Address (May be PO Box): L'Anse Creuse Citizens Committee c/o Heather Hall 41539 Gloca Mora, Harrison Twp., MI 48045</p> <p>7. Complete Committee Street Address (May not be PO Box): L'Anse Creuse Citizens Committee c/o Heather Hall 41539 Gloca Mora, Harrison Township, MI 48045</p> <p>Committee Phone #: <u>(586) 463-3683</u></p> <p>Committee Fax #: <u>(586) 783-6310</u></p> <p>Committee E-mail Address: <u>hhall09@wowway.com</u></p> <p>Committee Website Address: _____</p> <p>8. Treasurer Name and Complete Address: Heather Hall 41539 Gloca Mora Harrison Township, MI 48045</p> <p>Phone #: <u>(586) 463-3683</u></p> <p>E-mail Address: <u>hhall09@wowway.com</u></p> <p>9. Designated Record Keeper Name and Complete Address: Paula Rose 24076 F. V. Pankow Blvd. Clinton Township, MI 48036</p> <p>Phone #: <u>(586) 783-6300</u></p> <p>E-mail Address: <u>rospau@lc-ps.org</u></p> <p>10. <input type="checkbox"/> REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.</p>	<p>11. Name and Address of Depositories or Intended Depositories of committee funds.</p> <p>a. Official Depository Michigan Schools & Government Credit Union 40400 Garfield Clinton Township, MI 48038</p> <p>b. Secondary Depository</p> <p>12. Complete if Committee is being registered to support or oppose a specific ballot proposal: <input type="checkbox"/> Support or <input type="checkbox"/> Oppose</p> <p>Description: <u>N/A</u></p> <p>If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> County: <u>Macomb</u> <input type="checkbox"/> Multi County: _____ <input type="checkbox"/> Local: _____</p> <p>13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Ballot Question Committees that file with the County Clerk's office.</p> <p>The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.</p> <p><input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.</p> <p style="text-align: center;">** OR **</p> <p><input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.</p> <p>14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date below)</p> <p><i>Paula Rose</i> <u>11-26-12</u> Current Treasurer (Date)</p> <p>_____ Designated Record Keeper (Date) (Required only if filing electronically)</p>
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