



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FILED

13 JAN 31 PM 2:38

CAROL A. BAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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Report must be legible, typed or printed in ink and signed by the
treasurer or designated record keeper.

1. Committee I.D. Number **67113-50**

2. Committee Name

L'Anse Creuse Citizens Committee

3. This Statement covers From **10/20/12** To **12/31/12**

4. Committee's Mailing Address **41539 Gloca Mora,
Harrison Township, MI 48045**

Area Code and Phone **(586) 463-3683**

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

Heather Hall

41539 Gloca Mora, Harrison Township, MI 48045

Area Code and Phone **(586) 463-3683**

6. Treasurer's Business Address

L'Anse Creuse Citizens Committee

c/o Heather Hall

41539 Gloca Mora, Harrison Township, MI 48045

Area Code and Phone **(586) 463-3683**

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Paula Rosa c/o L'Anse Creuse Public Schools

Harry L. Wheeler Community Center and Admin. Offices

24076 F. V. Pankow Blvd., Clinton Twp., MI 48036

Area Code and Phone **(586) 783-6300**

8. TYPE OF STATEMENT

8a. ☐ PRE-ELECTION
OR

☒ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☒ GENERAL

☐ SCHOOL

☐ SPECIAL

☐ OTHER _____

Date of Election.

11/08/11

8b

☐ FEBRUARY STATEMENT

☐ APRIL STATEMENT

☐ JULY STATEMENT

☐ OCTOBER STATEMENT

8c ☒ ANNUAL STATEMENT

(2012 Coverage Year)

8d

☐ Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. ☐ AMENDMENT TO
CAMPAIGN STATEMENT

(Complete item 8a, 8b, 8c 8d, or 8f
to indicate which Statement is
being amended)

8f ☐ DISSOLUTION OF
COMMITTEE REQUEST

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

Heather Hall, **Heather Hall**

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

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a) \$ _____	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c) \$ _____	(18) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4) \$ <u>0.51</u>	(19) \$ <u>0.51</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5) \$ <u>0.51</u>	(20) \$ <u>0.51</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-1K, 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) \$ _____	
b. Itemized Got-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) \$ <u>1,312.27</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14) + <u>0.51</u>	
15. SUBTOTAL Add lines 13 and 14	(15) = <u>1,312.78</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>1,312.78</u>	

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



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ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE

1 Committee ID 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>12/31/12</u>	☐ Loan from a Lending Institution ☒ Interest Click Here for Memo Itemization Type ☐ Refund/Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ <u>.51</u>
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund/Rebate Click Here for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund/Rebate Click Here for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund/Rebate Click Here for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund/Rebate Click Here for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund/Rebate Click Here for Memo Itemization Type ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____
Page Subtotal			\$0.51
Grand Total of All Schedules 4A-1 (Complete on last page of Schedule)			\$0.51

Enter this total on
line 4 of Summary
Page