



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE
COVER PAGE

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: 01/01/2004 To 12/31/2004
Mo Day Year Mo Day Year

1. Committee I.D. Number

67113-50

2. Committee Name

L'Anse Creuse

Citizens' Committee

4. Committee's Mailing Address

23886 Fenton

Clinton Township, MI 48036-2914

Area Code and Phone 586 468-3284

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

Donald E. deBeauclair

23886 Fenton

Clinton Township, MI 48036-2914

Area Code and Phone 586 468-3284

6. Treasurer's Business Address

Same as item 5

Area Code and Phone ()

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

Area Code and Phone ()

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:

Month Day Year

8c. ☒ ANNUAL STATEMENT

2004 Coverage Year)

8d. ☐ QUALIFICATION

OR

☐ NON-QUALIFICATION STATEMENT
(Required of State-wide Ballot Question
Committees Only)

Date of Qualification or Non-Qualification:

Month Day Year

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

Month Day Year

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

Donald E. deBeauclair

Type or Print Name

Signature

Date 01/31/05

Year

Month Day



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

3. Itemized Contributions (Schedule 4A, Column 6)

Column I
This Period
(3.) \$ 1000.00

4. Other Receipts (Schedule 4A-1, Column 6)

(4.) \$ 23.76

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3 c + Line 4)

(5.) \$ 1023.76

Column II
Cumulative for Election Cycle

(18.) \$ 1000.00

(19.) \$ 23.76

(20.) \$ 1023.76

IN-KIND CONTRIBUTIONS

6. Itemized In-Kind Contributions

(6.) \$ 22.54

(21.) \$ 22.54

EXPENDITURES

7. Expenditures

a. Itemized Direct Expenditures (Schedule 4B, Column 7)

(7a.) \$ - 0 -

b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)

(7b.) \$ - 0 -

c. In-Kind Expenditures - Purchase of Goods or Services
(Schedule 4B-2, Column 7)

(7c.) \$ - 0 -

d. Unitemized Expenditures (\$50.00 or less-no Schedule)

(7d.) \$ - 0 -

8. Subtotal of Expenditures

(8.) \$ - 0 -

(22.) \$ - 0 -

9. Independent Expenditures (Schedule 4B-1, Column 7)

(9.) \$ - 0 -

(23.) \$ - 0 -

10. TOTAL EXPENDITURES (Add Line 8 + Line 9)

(10.) \$ - 0 -

(24.) \$ - 0 -

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or
Loans of Goods or Services (Schedule 4B-2, Column 8)

(11.) \$ - 0 -

(25.) \$ - 0 -

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 4E)

(12a.) \$ - 0 -

b. Owed to the Committee (Schedule 4E)

(12b.) \$ - 0 -

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 1764.13

14. Amount received during reporting period
(Line 5, Column I, Total Contributions & Other Receipts)

(14.) + 1023.76

15. SUBTOTAL Add lines 13 and 14

(15.) = 2787.89

16. Amount expended during reporting period
(Line 10, Column I, Total Expenditures)

(16.) - - 0 -

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 2787.89

*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 contributor's 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 Name: <u>Burke, Robert D.</u> Address: <u>44270 Ivory Way Drive</u> <u>Sterling Heights, MI 48313</u> 4. Date of Receipt <u>12/15/04</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100.00	\$100.00
3. Contribution # 2 Name: <u>Thomas, Donald</u> Address: <u>31829 Breezeway</u> <u>Chesterfield, MI 48047</u> 4. Date of Receipt <u>12/16/04</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution # 3 Name: <u>Aretakis, Thomas E.</u> Address: <u>19854 Driftwood</u> <u>Clinton Township, MI 48038-6907</u> 4. Date of Receipt <u>12/18/04</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution # 4 Name: <u>Mrak, Gary L.</u> Address: <u>23231 Angel Park Dr.</u> <u>Macomb, MI 48042</u> 4. Date of Receipt <u>12/23/04</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		\$400.00	

Enter this total
on line 3a of
Summary
Page



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 contributor's 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)
<p>3. Contribution # <u>5</u> 4. Date of Receipt <u>12/24/04</u></p> <p>Name: <u>Gough, Melinda J.</u> <u>52810 Paint Creek Dr.</u> Address: <u>Macomb, MI 48042</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$100.00</p>	<p>\$100.00</p>
<p>3. Contribution # <u>6</u> 4. Date of Receipt <u>12/28/04</u></p> <p>Name: <u>Gendreau, Jon B.</u> <u>42525 Little Rd.</u> Address: <u>Clinton Twp., MI 48036-1433</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>100.00</p>	<p>100.00</p>
<p>3. Contribution # <u>7</u> 4. Date of Receipt <u>12/28/04</u></p> <p>Name: <u>Jackson, David A.</u> <u>42530 North Pointe Ct</u> Address: <u>Clinton Twp., MI 48036</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>100.00</p>	<p>100.00</p>
<p>3. Contribution # <u>8</u> 4. Date of Receipt <u>12/28/04</u></p> <p>Name: <u>Vitale, Gaspere A.</u> <u>48318 Forbes St</u> Address: <u>Chesterfield, MI 48047</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>100.00</p>	<p>100.00</p>
<p>Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)</p>	<p>\$400.00</p>	

Enter this total
on line 3a of
Summary
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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 contributor's 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)
<p>3. Contribution # <u>9</u> 4. Date of Receipt <u>12/30/04</u></p> <p>Name: <u>Brown, Harold Mark</u></p> <p>Address: <u>36754 Barr</u> <u>Clinton Twp., MI 48035</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ 100.00	\$ 100.00
<p>3. Contribution # <u>10</u> 4. Date of Receipt <u>12/30/04</u></p> <p>Name: <u>Leidlein, Pamela</u></p> <p>Address: <u>17961 Birch Dr.</u> <u>Macomb Twp., MI 48044-4114</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		100.00	100.00
<p>3. Contribution # <u>3</u> 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # <u>4</u> 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ 200.00	\$ 1000.00

Page Subtotal)
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary
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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	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Macomb Schools & Government Credit Union</u> <u>40400 Garfield, Clinton Township, MI</u> <u>48038</u> Address: <input type="checkbox"/> Fund Raiser	Date of Receipt <u>03/31/04</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____	<u>\$ 5.86</u>
Receipt #2 Name: Address: <u>Same as Receipt #1</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>06/30/04</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____	<u>5.88</u>
Receipt #3 Name: Address: <u>Same as Receipt #1</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>09/30/04</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____	<u>5.96</u>
Receipt #4 Name: Address: <u>Same as Receipt #1</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>12/31/04</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____	<u>6.06</u>
Receipt #5 Name: Address: <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: Address: <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal			<u>\$ 23.76</u>
Grand Total of All Schedules 4A-1 (Complete on last page of Schedule)			<u>\$ 23.76</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

67113-50

2. Committee Name

L'Anse Creuse Citizens' Committee

This Schedule itemizes:

(Check either a or b. Use only for the purpose checked.)

a. ☒ Debts and obligations owed by or forgiven the committee

OR

b. ☐ Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by : <u>Lou Ann Fanning</u> <u>42273 East Edward Dr.</u> <u>Clinton Township, MI</u> <u>48038-1716</u>	4. Type: <u>loan from</u> <u>a person</u> 5. <u>Date Debt Was Incurred:</u> <u>06/12/02</u> 6. <u>Original Amount of Debt:</u> <u>\$249.00</u>	<u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$	<u>- 0 -</u>	<u>- 0 -</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #2 Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$ <u> </u> / <u> </u> / <u> </u> \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt
Grand Total of all Schedules 4E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

- 0 -

- 0 -

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total
on line 12a
"owed by", or
line 12b "owed
to" of the
Summary Page