



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE  
COVER PAGE**

FILED  
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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

4. Committee's Mailing Address

23886 Fenton  
Clinton Township, MI 48036-2914

2. Committee Name

Change Crease Citizens' Committee

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  
same

Area Code and Phone ( same )

6. Treasurer's Business Address

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

Donald E. deBeauclair

Signature

Date

04/11/2005

Month Day

Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 67113-50  
2. Committee Name L'Anse Creuse Citizens' Committee

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: <b>Robert D. Randlett</b> <b>38131 E. Bonkay</b> <b>Clinton Twp., MI 48036</b> If over \$100.00 cumulative, please provide:  Occupation _____ Employer _____ Business Address _____  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>60 \$,37 postage stamps</u> 5. DATE OF RECEIPT: <u>12/13/04</u> 6. VENDOR NAME & ADDRESS: <u>Former Jack Post Office Substation</u> <u>Harber - Metro Parkway</u> <u>Clinton Twp., MI 48036</u>	\$22.20	\$22.20
Contribution #2 Name and Address: <b>Donald E. deBeauclair</b> <b>23886 Fenton</b> <b>Clinton Twp., MI 48036-2914</b> If over \$100.00 cumulative, please provide:  Occupation _____ Employer _____ Business Address _____  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>copies</u> 5. DATE OF RECEIPT: <u>12/30/04</u> 6. VENDOR NAME & ADDRESS: <u>Fedex Kinko's</u> <u>41150 Garfield Rd.</u> <u>Clinton Twp., MI 48038</u>	0.34	0.34
Contribution #3 Name and Address:  If over \$100.00 cumulative, please provide:  Occupation _____ Employer _____ Business Address _____  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		

Page Subtotal  
Grand Total of all Schedules 4-IK  
(Complete on last page of Schedule)

\$ 22.54  
\$ 22.54

Enter this total on  
line 6a of  
Summary Page



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 endorsers 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>Low Ann Fanning</u> <u>42273 East Edward Dr.</u> <u>Clinton Township, MI</u> <u>48038-1716</u>	4. Type: <u>loan from a person</u> 5. Date Debt Was Incurred: <u>06/12/02</u> 6. Original Amount of Debt: <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>   </u>	<u>   </u> - <u>   </u> - <u>   </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. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<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. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<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.)

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