



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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CAROLLE SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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: 01/01/2005 To 04/17/2005
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**

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

Area Code and Phone ()

6. Treasurer's Business Address
Same as item 5

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:
May 03, 2005
Month Day Year

8c. ANNUAL STATEMENT
(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.

Donald E. deBeauclair *Donald E. deBeauclair*
Current Treasurer or Designated Record Keeper Type or Print Name Signature Date 04/22/2005
Month Day Year



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. Itemized Contributions (Schedule 4A, Column 6)	(3.) \$ <u>3575.00</u>	(18.) \$ <u>4575.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>14.64</u>	(19.) \$ <u>38.40</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>3589.64</u>	(20.) \$ <u>4613.40</u>
IN-KIND CONTRIBUTIONS		
6. Itemized In-Kind Contributions	(6.) \$ <u>2456.36</u>	(21.) \$ <u>2478.90</u>
EXPENDITURES		
7. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(7a.) \$ <u>- 0 -</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(7b.) \$ <u>- 0 -</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(7c.) \$ <u>- 0 -</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(7d.) \$ <u>- 0 -</u>	
8. Subtotal of Expenditures	(8.) \$ <u>- 0 -</u>	(22.) \$ <u>- 0 -</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>- 0 -</u>	(23.) \$ <u>- 0 -</u>
10. TOTAL EXPENDITURES (Add Line 8 + Line 9)	(10.) \$ <u>- 0 -</u>	(24.) \$ <u>- 0 -</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>- 0 -</u>	(25.) \$ <u>- 0 -</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>- 0 -</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>- 0 -</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2787.89</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>3589.64</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>6377.53</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>- 0 -</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6377.53</u>	

*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 4. Date of Receipt <u>01/04/05</u> Name: <u>Brender, Larry F.</u> Address: <u>44428 Highgate Clinton Township, MI 48038</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 4. Date of Receipt <u>01/05/05</u> Name: <u>Catanese, Anthony</u> Address: <u>37614 Fiore Clinton Township, MI 48056</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 4. Date of Receipt <u>01/05/05</u> Name: <u>Kozma, Betty J.</u> Address: <u>6528 Park Valley Drive Clarkston, MI</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 4. Date of Receipt <u>01/05/05</u> Name: <u>Monte, Anita S.</u> Address: <u>20620 Thirty-three Mile Road Armada, MI 48005</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) \$400.00
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
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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)
3. Contribution # <u>5</u> 4. Date of Receipt <u>01/05/05</u> Name: <u>Nelson, Karen</u> Address: <u>53100 West Ridge Drive</u> <u>Chesterfield, MI 48051</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 # <u>6</u> 4. Date of Receipt <u>01/05/05</u> Name: <u>O'Hara, Sara Kathryn</u> Address: <u>835 Box Canyon Ct,</u> <u>Rochester Hills, MI 48309</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 # <u>7</u> 4. Date of Receipt <u>01/05/05</u> Name: <u>Pellerin, DiAnne M.</u> Address: <u>13607 Silent Woods Dr.</u> <u>Shelby Township, MI 48315-4217</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 # <u>8</u> 4. Date of Receipt <u>01/05/05</u> Name: <u>Dolega, Beverly A.</u> Address: <u>46532 Country Lane</u> <u>Macomb, MI 48044</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

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\$400.00

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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)
3. Contribution # <u>9</u> 4. Date of Receipt <u>01/05/05</u> Name: <u>Rabenburg, Patricia</u> Address: <u>40230 Riverband Drive</u> <u>Sterling Heights, MI 48310</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 # <u>10</u> 4. Date of Receipt <u>01/05/05</u> Name: <u>Fedon-Supanich, Nancy</u> Address: <u>14172 Larkspur Drive</u> <u>Shelby Township, MI 48315</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 # <u>11</u> 4. Date of Receipt <u>01/06/05</u> Name: <u>Dixon, Greg A.</u> Address: <u>39544 Detroit St.</u> <u>Harrison Twp., MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal, Middle School South</u> Employer <u>L'Anse Creuse Public Schools</u> Business Address <u>34641 Jefferson Ave., Harrison Twp., MI</u> <u>48045</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$125.00	\$125.00
3. Contribution # <u>12</u> 4. Date of Receipt <u>01/08/05</u> Name: <u>Holbert, Laura B.</u> Address: <u>23004 Brookdale</u> <u>St. Clair Shores, MI 48082</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
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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)
3. Contribution # <u>13</u> 4. Date of Receipt <u>01/08/05</u> Name: <u>Larson, Floyd M.</u> Address: <u>36170 Lincoln St.</u> <u>New Baltimore, MI 48047</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 # <u>14</u> 4. Date of Receipt <u>01/11/05</u> Name: <u>Black, Linda A.</u> Address: <u>42385 Bobjean</u> <u>Sterling Heights, MI 48314</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 # <u>15</u> 4. Date of Receipt <u>01/11/05</u> Name: <u>Stetz, Pamela R.</u> Address: <u>56395 Bates Rd.</u> <u>Chesterfield, MI 48051</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 # <u>16</u> 4. Date of Receipt <u>01/12/05</u> Name: <u>Rizzo, Annette M.</u> Address: <u>38560 Hartwell Drive</u> <u>Sterling Heights, MI 48312</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	

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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)
3. Contribution # <u>17</u> 4. Date of Receipt <u>01/18/05</u> Name: <u>Fanning, Lou Ann</u> Address: <u>42273 East Edward Drive</u> <u>Clinton Township, MI 48038-1716</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 # <u>18</u> 4. Date of Receipt <u>01/19/05</u> Name: <u>Irwin, Michelle Rene</u> Address: <u>20920 Balinski</u> <u>Clinton Township, MI 48038</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 # <u>19</u> 4. Date of Receipt <u>01/19/05</u> Name: <u>LaSala, Kelly M.</u> Address: <u>21236 Briar Rose Dr.</u> <u>Macomb Township, MI 48044</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 # <u>20</u> 4. Date of Receipt <u>01/19/05</u> Name: <u>Strickler, Susan Kotsko</u> Address: <u>341 E. Meldrum Circle</u> <u>St. Clair, MI 48079-1005</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	

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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)
3. Contribution # <u>21</u> 4. Date of Receipt <u>01/19/05</u> Name: <u>Wunderlich, Keith D.</u> Address: <u>6166 Riverton Drive</u> <u>Troy, MI 48098-1878</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 # <u>22</u> 4. Date of Receipt <u>01/24/05</u> Name: <u>Hope, Gerald E.</u> Address: <u>35930 Pratt Rd.</u> <u>Memphis, MI 48041-4687</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 # <u>23</u> 4. Date of Receipt <u>01/25/05</u> Name: <u>Huelscher, Eileen M.</u> Address: <u>39204 N. Blom Drive</u> <u>Harrison Twp., MI 48045-1701</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal, Green Elementary School</u> Employer <u>L'Anse Creuse Public Schools</u> Business Address <u>47260 Sugarbush Road, Chesterfield Twp., MI 48047</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$150.00	\$150.00
3. Contribution # <u>24</u> 4. Date of Receipt <u>01/25/05</u> Name: <u>Wrona, Wayne R.</u> Address: <u>39067 Baroque Blvd.</u> <u>Clinton Township, MI 48038</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

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\$450.00

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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)
3. Contribution # <u>25</u> 4. Date of Receipt <u>02/02/05</u> Name: <u>Dettloff, Darryl D.</u> <u>62043 Ivy Lane</u> Address: <u>Washington, MI 48095-2418</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 # <u>26</u> 4. Date of Receipt <u>02/02/05</u> Name: <u>Van Camp, Michael</u> <u>23627 Fenton St.</u> Address: <u>Clinton Twp., MI 48036-2910</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 # <u>27</u> 4. Date of Receipt <u>02/09/05</u> Name: <u>Hanner, Carol A.</u> <u>3135 Hidden Cove Ct.</u> Address: <u>Brighton, MI 48114-4947</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 # <u>28</u> 4. Date of Receipt <u>02/24/06</u> Name: <u>Alsup, Erick H.</u> <u>440 N. Cass Lake Rd.</u> Address: <u>Waterford, MI 48328</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	

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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-aux-Lacs 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 # <u>29</u> 4. Date of Receipt <u>02/26/05</u> Name: <u>Davia, John</u> Address: <u>27680 Daniel Ct. Harrison Township, MI 48045</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 # <u>30</u> 4. Date of Receipt <u>03/17/05</u> Name: <u>Mulcahy, Patrick J.</u> Address: <u>14966 Shady Lane Shelby Township, MI 48215</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 # <u>31</u> 4. Date of Receipt <u>03/22/05</u> Name: <u>Local 1 Millage-Ballot Issue Committee</u> Address: <u>Michigan Education Association 39550 Garfield Rd., Suite B Clinton Twp., MI 48038-3427</u> 5. If over \$100.00 cumulative, please provide: <u>Dennis Bruck, V.P. of P.A.C.</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$500.00	\$500.00
3. Contribution # <u>32</u> 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$700.00	

Page Subtotal)
Grand Total of All Schedules 4A
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\$700.00
\$3575.00

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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 Road</u> Address: <u>Clinton Township, MI 48038</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>03/31/2005</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>\$ 14.64</u>
Receipt #2 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 #3 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 #4 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 #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 Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)			\$ 14.64 <u>\$ 14.64</u>



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: <u>Donald E. deBeaulair</u> <u>23886 Fenton</u> <u>Clinton Twp., MI 48036-2914</u> 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>01/21/05</u> 6. VENDOR NAME & ADDRESS: <u>Fed Ex Kinkos</u> <u>41150 Barkfield Rd.</u> <u>Clinton Twp., MI 48038</u>	\$ 5.77	\$ 6.11
Contribution #2 Name and Address: <u>Same as Contribution #1</u> 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>01/31/05</u> 6. VENDOR NAME & ADDRESS: <u>Fed Ex Kinkos</u> <u>31980 Gratiot Ave.</u> <u>Roseville, MI 48066</u>	\$.59	\$ 6.70
Contribution #3 Name and Address: <u>Barton Malow Company</u> <u>26500 American Drive</u> <u>Southfield, MI 48034</u> If over \$100.00 cumulative, please provide: Occupation <u>Design/Construction</u> Employer <u>Services</u> 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>Permit Imprint Application Fee</u> 5. DATE OF RECEIPT: <u>02/18/05</u> 6. VENDOR NAME & ADDRESS: <u>United States Postal Service</u> <u>155 South Main Street</u> <u>Mt. Clemens, MI 48043</u>	\$ 150.00	\$ 150.00

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

\$ 156.36

Enter this total on
line 6a of
Summary Page



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 # <u>4</u> Name and Address: <u>Barton Malow Company</u> <u>26500 American Drive</u> <u>Southfield, MI 48034</u> If over \$100.00 cumulative, please provide: Occupation Employer <u>Design/construction</u> <u>Services</u> Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Employee labor @ \$25.00/hour</u> <u>preparation of mailing</u> 5. DATE OF RECEIPT: <u>March, 2005</u> 6. VENDOR NAME & ADDRESS:	<u>\$150.00</u>	<u>\$300.00</u>
Contribution # <u>5</u> Name and Address: <u>Same as Contributions</u> <u># 3 and # 4</u> 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>Annual mailing fee</u> <u>standard mail</u> 5. DATE OF RECEIPT: <u>04/04/05</u> 6. VENDOR NAME & ADDRESS: <u>United States Postal Service</u> <u>155 South Main Street</u> <u>W.H. Clemens, MI 48043</u>	<u>\$150.00</u>	<u>\$450.00</u>
Contribution # <u>6</u> Name and Address: <u>Same as Contributions</u> <u># 3, # 4 and # 5</u> 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>Postage on account</u> <u>Permit # 450</u> 5. DATE OF RECEIPT: <u>04/04/05</u> 6. VENDOR NAME & ADDRESS: <u>United States Postal Service</u> <u>155 South Main Street</u> <u>W.H. Clemens, MI 48043</u>	<u>\$2000.00</u>	<u>\$2450.00</u>

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

\$2300.00
\$2456.36

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