



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE
COVER PAGE

FILED

05 JUN -2 PM 4:56

DAVID J. LEBEAUGH
HAGGARD COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

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 | | 3. This Statement covers From: 04/18/2005 To 05/23/2005 Mo Day Year Mo Day Year | |
| 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 <small>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.</small> | |
| 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. <input type="checkbox"/> PRE-ELECTION OR 8b. <input checked="" type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL Date of Election: May 03, 2005 Month Day Year | | 8c. <input type="checkbox"/> ANNUAL STATEMENT (Coverage Year) 8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only) Date of Qualification or Non-Qualification: Month Day Year | |
| | | 8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) 8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution Month Day Year <small>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.</small> | |
| <small>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.</small> | | | |
| 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 Current Treasurer or Designated Record Keeper Type or Print Name Signature Date 06/02/2005 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

| RECEIPTS | | Column I This Period | Column II Cumulative for Election Cycle |
|---|-----------|-------------------------|--|
| 3. Itemized Contributions (Schedule 4A, Column 6) | (3.) \$ | <u>- 0 -</u> | (18.) \$ <u>4575.00</u> |
| 4. Other Receipts (Schedule 4A-1, Column 6) | (4.) \$ | <u>- 0 -</u> | (19.) \$ <u>38.40</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4) | (5.) \$ | <u>- 0 -</u> | (20.) \$ <u>4613.40</u> |
| IN-KIND CONTRIBUTIONS | | | |
| 6. Itemized In-Kind Contributions | (6.) \$ | <u>6341.48</u> | (21.) \$ <u>8820.38</u> |
| EXPENDITURES | | | |
| 7. Expenditures | | | |
| a. Itemized Direct Expenditures (Schedule 4B, Column 7) | (7a.) \$ | <u>128.80</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>128.80</u> | (22.) \$ <u>128.80</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>128.80</u> | (24.) \$ <u>128.80</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>6377.53</u> | |
| 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) | (14.) + | <u>- 0 -</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>128.80</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | <u>6248.73</u> | |

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



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>Barton Matus Company</u> <u>26500 American Drive</u> <u>Southfield, MI 48034</u> If over \$100.00 cumulative, please provide: Occupation <u>Design/Construction Services</u> 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>04/18/05</u> 6. VENDOR NAME & ADDRESS: <u>United States Postal Service</u> <u>155 South Main Street</u> <u>Mt. Clemens, MI 48043</u> | <u>\$2823.84</u> | <u>\$5273.84</u> |
| 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>Postcard printing</u> <u>invoice copy rec'd</u> 5. DATE OF RECEIPT: <u>04/19/05</u> 6. VENDOR NAME & ADDRESS: <u>Campton Printing Company</u> <u>23689 Research Drive</u> <u>Farmington Hills, MI 48335</u> | <u>\$1197.80</u> | <u>\$6471.64</u> |
| Contribution #3 Name and Address: <u>Same as Contribution #1 & #2</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>printing of letters</u> <u>invoice copy rec'd</u> 5. DATE OF RECEIPT: <u>04/19/05</u> 6. VENDOR NAME & ADDRESS: <u>Entire Applications & Imaging Solutions</u> <u>2950 Technology Drive</u> <u>Rochester Hills, MI 48309</u> | <u>\$1294.24</u> | <u>\$7765.88</u> |
| Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule) | | <u>\$5315.88</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 #4 Name and Address: Darcy Schrieber 406 Spring Street Saline, MI 48176 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 Postage on account Permit #450 5. DATE OF RECEIPT: 04/28/05 6. VENDOR NAME & ADDRESS: United States Postal Service 155 South Main Street N.H. Clemens, MI 48043 | \$100.00 | \$100.00 |
| Contribution #5 Name and Address: Robert D. Rondlett 38131 E. Bonkay Clinton Twp., MI 48036 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 50 37¢ postage stamps 5. DATE OF RECEIPT: prox. 04/20/05 6. VENDOR NAME & ADDRESS: United States Postal Service | \$18.50 | \$40.70 |
| Contribution #6 Name and Address: Same as Contribution # 5 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 Challenger Bages 5. DATE OF RECEIPT: 04/26/05 6. VENDOR NAME & ADDRESS: Clodette Ireland 3309 Melvin Rochester Hills, MI 48307 | \$40.00 | \$80.70 |
| Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule) | | \$158.50 | |

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 #7 Name and Address: <u>Robert D. Randlett</u> <u>38131 E. Bonkay</u> <u>Clinton Twp., MI 48036</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>paper, copies, misc.</u> 5. DATE OF RECEIPT: <u>05/23/05</u> 6. VENDOR NAME & ADDRESS: <u>L'Anse Creuse Public Schools</u> <u>36727 Jefferson Avenue</u> <u>Harrison Twp., MI 48045</u> | <u>\$18.00</u> | <u>\$98.70</u> |
| Contribution #8 Name and Address: <u>Wakely Associates, Inc.</u> <u>30506 Van Dyke, Suite M-7</u> <u>Warren, MI 48093</u> If over \$100.00 cumulative, please provide: Occupation <u>Architects & Engineers</u> Employer <u>Dominic Abbate, A.I.A.</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>Election Night</u> <u>Food service</u> 5. DATE OF RECEIPT: <u>05/03/05</u> 6. VENDOR NAME & ADDRESS: <u>Zuccaro Banquets & Catering</u> <u>46601 N. Grand</u> <u>Chesterfield Twp., MI 48051</u> | <u>\$849.10</u> | <u>\$849.10</u> |
| 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)

\$867.10
\$6341.48

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

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

| 3. Name and address of person to whom paid | 4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed. | 6. Date | 7. Amount | 8. Cumulative for election |
|--|--|-----------------|-----------------|-------------------------------|
| Expenditure # 1 Name: <u>L'Anse Creuse Public Schools</u> Address: <u>36727 Jefferson Avenue</u> <u>Harrison Township, MI</u> <u>48045</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | 4. Purpose: <u>Payment for mailing labels</u> 5. Ballot Proposal: <u>Bond Issue</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | <u>04/22/06</u> | <u>\$128.80</u> | <u>\$128.80</u> |
| Expenditure # 2 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | 4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local | | | |
| Expenditure # 3 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | 4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local | | | |
| Expenditure # 4 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | 4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local | | | |

Subtotal this page,
Grand Total of Schedules 4B
(Complete on last page of Schedule)

\$128.80
\$128.80

Enter this total
on Line 8a of
the Summary
Page