FILED

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

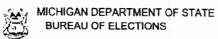
17 NOV 27 AM 8: 56

CANDIDATE COMMITTEE

MACOMB COUNTY CLERK

FOR OFFICIAL USE ONLY

COVER PAGE	IT. CLEHENS. MICHIGAN				
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From	4/22/17 to 10/22/17			
1. Committee I.D. Number	4. Candidate Last Name	First Name M.I.			
139 531	LUSIC	LUSIC GARY W			
13 3 3	-,-	trict # or Community Served (If applicable)			
2. Committee Name	STERLING 4	616475 C174 COUNCK			
GARY LUSK					
CITY COUNCIL	4b. County of Residence M (0 M)				
5. Committee's Mailing Address	6. Treasurer's Name & Reside				
43677 57 IVES CT	GARY LUSK				
57 46471 m1	43 677 57 10Es CT.				
48314	57 46475 M1 48314				
Area Code and Phone FEC ZOI 4323					
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.	Area Code & Phone				
7. Treasurer's Business Address	Designated Record keeper' Designated Record keeper)	's Name and Mailing Address (If the committee has a			
43677 ST IVES CT	GARY LUSK				
S7 116475 m1	43677 ST 1061 CT				
48314	, , .	57 46471 MI 48314			
	37 1	7642 117 7631/			
Area Code and Phone 566 701 4323	A see Code and Dharm	5-86 201 4323			
	Area Code and Phone	9e. Dissolution of Candidate Committee			
9. TYPE OF STATEMENT Required (ONLY if candidate				
9a Pre-Election OR 9b. Post-Election is not on the current year	ne ballot for the ar:	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here			
Pre-Election or Post-Election Statement relates to:		by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,			
July Qua	arterly	owes no lates fees or has any oustanding debt.			
▼ General	Quarterly	Further if the dissolution cannot be granted, that this he			
Convention		Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
	ual Statement () Coverage Year	Effective date of dissolution			
School	endment to Campaign Statement				
Caucus (Coi	mplete Item 9a, 9b, 9c or 9e to	Note: The disposition of residual funds must be reported on			
	cate which Statement is being nded.)	Schedule 1B and the Summary Page.			
Date of Election, Convention or Caucus					
The state of the s					
!					
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.					
Current Treasurer or		1.11			
Designated Record keeper					
Type or Print Name	Signature				
Candidate CARY LUSIC					
Type or Print Name Signature					



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name GARY LUSK CITY COUNCIL

Enter contributor's nar middle initial. Check t Committee (PAC) Rep	oox to indicate if cont	tribution is from a Politica	ividual, enter last name, first name, I Committee or an Independent	6. Amount 7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: (AURA)	PAC Receipt?		of Receipt 6 2 / 17	
1096	Brom P70	~ u v		. —
•	STEN MI	LLS MI		\$ 150 \$
Occupation <u>Nws</u>	E WIFE	Employer		Click Here for Memo Itemization
Business Address				
Type of Contribution:	Direct	Loan from a person	Fund Raiser	
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	of Receipt	
				\$ \$
5. If over \$100.00 cun	nulative, please pro	ovide:		Click Here for Memo Itemization
Occupation		_ Employer		
Business Address				
Type of Contribution:	Direct	Loan from a person	Fund Raiser	
 Contribution # 3 Name & Address: If over \$100.00 cun 	PAC Receipt?		of Receipt	\$SClick Here for Memo Itemization
Occupation		Employer		
Business Address				
Type of Contribution:	Direct	Loan from a person	Fund Raiser	
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Receipt	
5. If over \$100.00 cun	nulative nlease pro	ovide:		\$
				Click Here for Memo Itemization ▼
Occupation		Employer		
Business Address				
Type of Contribution:	Direct	Loan from a person	Fund Raiser	
			Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule)	