



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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CANDIDATE COMMITTEE
COVER PAGE

MACOMB COUNTY CLERK
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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 139531		3. This Statement covers From: 4/22/17 to 10/22/17	
2. Committee Name GARY LUSK CITY COUNCIL		4. Candidate Last Name LUSK First Name GARY M.I. W 4a. Office Sought Including District # or Community Served (If applicable) STERLING HEIGHTS CITY COUNCIL 4b. County of Residence MACOMB	
5. Committee's Mailing Address 43677 ST IVES CT ST HIGHER MI 48314 Area Code and Phone 586 201 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.		6. Treasurer's Name & Residential Address GARY LUSK 43677 ST IVES CT ST HIGHER MI 48314 Area Code & Phone _____	
7. Treasurer's Business Address 43677 ST IVES CT ST HIGHER MI 48314 Area Code and Phone 586 201 4323		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) GARY LUSK 43677 ST IVES CT ST HIGHER MI 48314 Area Code and Phone 586 201 4323	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
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 Designated Record keeper GARY LUSK Type or Print Name		Signature  Date 11/25/17	
Candidate GARY LUSK Type or Print Name		Signature  Date 11/25/17	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139531
2. Committee Name GARY LUSK CITY COUNCIL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC): Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>LAURA KASZUBSKI</u> <u>1096 BROMPTON RD</u> <u>ROCHESTER HILLS MI</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/21/17</u>	\$ <u>150</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Nurse Wife</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #2 Name & Address	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
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		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #3 Name & Address	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
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		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #4 Name & Address	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
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		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.