C

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LOCAL CANDIDATE COMMITTEES FILED WITH A COUNTY CLERK

Information on this form is made public.

1. Committee ID #:	*2. Type of Filing: ☐ Original: ☐ Amendment to items:	Eff. Date:

*3. Full Name of Committee (must include Candidate's first and last name):
CTE To Elect Gary E Kopp

*4a. Candidate Full Name: Last Name *Kopp*   First Name *Gary*   M.I. *E*

*4b. Political Party (if applicable): *Republican*   *4c. County of Residence: *Macomb*

*4d. Office Sought: *Trustee*   *4e. District or Jurisdiction: *Washington Twp.*

*5. Date Committee was Formed: *April 28, 2018*

*6a. Committee Phone: *586-697-5861*   6b. Committee Fax #: *586-697-5861*

*6c. Committee Email Address: *gary@Kopp4Trustee.com*   6d. Committee Website Address: *Kopp4Trustee.com*

*7a. Complete Committee Mailing Address (May be PO Box):
59226 Glacier Club Dr. Washington Twp. Mi. 48094

*7b. Complete Committee Street Address (May not be PO Box):
59226 Glacier Club Dr. Washington Twp. Mi. 48094

*8. Treasurer Name and Complete Address: *Gary E. Kopp*

Phone #: *586-873-6906*   Email Address: *gkopp@DLM51.com*

9. Designated Record Keeper Name and Complete Address: *Gary E. Kopp 59226 Glacier Club Dr Washington Twp. Mi. 48094*

Phone #: *586-873-6906*   Email Address: *gkopp@DLM51.com*

*10. REPORTING WAIVER REQUEST:

☐ YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of $1,000 in an election. I/We understand that if the committee does not spend or received in excess of $1,000 in an election, the committee does not owe Pre, Post and Quarterly Campaign Statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the $1,000 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.

☒ NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of $1,000 in an election. I/We understand that the committee owes Pre, Post, Quarterly Statements even if the committee does not spend or receive in excess of $1,000 in an election. I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in Appendix C of the Committee Manual.

*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received.
*Official Depository (name and address): *PNC Bank, 6099 26 Mile Rd. Washington Twp. Mi. 48094*

Secondary Depository (name and address):

12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing campaign statements electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

*Candidate:	Date: 4/26/18	*Current Treasurer	Date: 4/26/18
*Designated Record Keeper (If Applicable)			Date:

CFR101 CAN SO.doc REV 04/15: Authority granted under Act 388 of 1976, as amended   * = Required Field on Originals

FILED 18 APR 26 AM 8:21 MACOMB COUNTY CLERK MT CLEMENS, MICHIGAN

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