

COVER PAGE

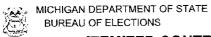
FOR OFFICIAL USE ONLY

COVER PAGE						
Report must be legible, typed or printed in ink and si the treasurer (or designated record keeper) and can	igned by didate.	3. This Statement covers From:	4/1/2018 to.	7/23/20	18	
1. Committee I.D. Number		Candidate Last Name	First Name		M.I.	
139610		KOPP 4a. Office Sought Including Distr	ict # or Community Served	(If applicable)	0	
2. Committee Name		WASHINGTON TO	ip Taester			
CTE GREY E. KAPP		4b. County of Residence	_			
5. Committee's Mailing Address		6. Treasurer's Name & Residen	tial Address		18	
59276 GLACIER CLUB DE	2	GARY E. KOOD		HACOM HT. CLE		
Washington Twp. M. 48094		59276 GLACIE	ee Cus De.	maga, NAS		
48094		GARY E. KORD 59276 GLACIO WASHINGTON TO	P. Mind	COUNTY CLE	25	
Area Code and Phone 386-873-6900	9		48077	17	70	D
If the address in this box is different from the commit	ee	روبسو	000 1001	°	<u> </u>	
mailing address on the Statement of Organization, mobe sent to this address by the filing official.	an may	Area Code & Phone _586-	815-6706	<u> </u>	TT	
7. Treasurer's Business Address		8. Designated Record Keeper's Designated Record Keeper)	SARY C. K. (V) A	committeethas a	0	
GARY E KOPP. 59206 GLACIER CLUB I WASHINGTON TWP. M. 480	h	59.276 GLACIE				
SYZIG GLACIER CLUB L	real and	WASHING TOU TOUT	M. 4X194	Z		
Washington left. Mr. 480	979	WASHINGTOU TOU	7. MA 760 17			
*						
-6/~ V72-190	/	Area Code and Phone	6-823-6906	-		
Area Code and Phone 586~873-690	2	Area Code and Phone	9e. Dissolution of Candi	date Committee		
9. TYPE OF STATEMENT	Required Of	NLY if candidate			* - *	
9a. Pre-Election OR 9b. Post-Election	is not on the current year	ballot for the	By checking this item by the committee to the ca	ndidate or his or h	er spous	e is here
Pre-Election or Post-Election Statement relates to:			by discharged and forgiver the committee. The comm	i, and no longer co littee has no oustal	illectible nding as:	rom sets,
Primary	July Quar	terly	owes no lates fees or has a	iny oustanding det	ot.	
General	October (Quarterly	Further, if the dissolution ca	annot be granted.	that this	oe
			considered a request for th			
Convention						
Special	9c. Annu	al Statement ()	Effective date of	dissolution		
School		Coverage Year				
Caucus	(Corr	ndment to Campaign Statement oplete Item 9a, 9b, 9c or 9e to	Note: The disposition of re	esidual funds must	be repor	ted on
		ate which Statement is being ided.)	Schedule 1B and the Sum			
Date of Election, Convention or Caucus		,				
D. 2018						
1749 1, CUIO						
10. Verification: I\We certify that all reasonable dilige	nce was used	in the preparation of this statem	ent and attached schedules	(if any) and to the	best of	
my\our knowledge and belief the contents are true, a	accurate and o	complete.			1	
Current Treasurer or	200	Man	Xmo -	. <u>1/24</u> 9/241	/18	
Designated Record keeper Type of Print Name	JOP -	Signature	Date	1/47		
		1 H		-/-	1-	
Candidate GARY E. KOND		1/10461	Date	9/24/	18	
Type or Print Name		Signature				

1. Committee L.D. Number

SUMMA	NRY	PAG	E
CANDIDATE	CON	MIT	TEE

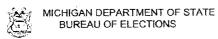
2. Committee Name Column II Column I RECEIPTS Cumulative this election cycle This Period 3. Contributions a. Itemized (Schedule 1A - Column 6) (3b.) \$ **NOT APPLICABLE** b. Unitemized (less than \$20.01 each - no Schedule) (18.) \$ c. Subtotal of "Contributions" (19.) \$ _____ 4. Other Receipts (Schedule 1A -1, Column 6) (20.) \$ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) **IN-KIND CONTRIBUTIONS & EXPENDITURES** (21.) \$ 6. In-Kind Contributions (Schedule 1-IK, Column 7) (22.) \$ _____ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) **EXPENDITURES** 8. Expenditures a, Itemized (Schedule 1B, Column 6) (8b.) \$ ___ b. Itemized Get-Out-the-Vote (Schedule 1B-G) (8c.) \$ c. Unitemized (less than \$50.01 each - no Schedule) (23.) \$ _____ 9, TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements (10a.) \$ __ a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ __ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (24.) \$ (11.) \$ _ DEBTS AND OBLIGATIONS 12. Debts and Obligations 8000 (12a.)\$ a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) BALANCE STATEMENT (13.) \$ 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) (15.) = \$____ 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17, ENDING BALANCE (Subtract line 16 from line 15)



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	TE GARY E. KOPP
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 all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4/1/20/8 Name & Address: 6024 E. KOPP 59276 GLACIER CLUB DR WASHINGTON TUP, Mi 48084	s 8,000 co s
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation CASINGER Employer LETIKED	
Business Address V/A	
Type of Contribution: Direct	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	
	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	_
	\$\$
	Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Fiele for Memo Remization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	_
	\$\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	_
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtr	otal \$ SCDO), SO
Grand Total of All Schedules (Complete on last page of Schedu	ile) H OCCO
Page $\frac{4}{9}$ of $\frac{8}{9}$	Enter this total on line 3a of Summary Page.



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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139610

2. Committee Name CTE 6484 E. Kopp

CANDIDATE COMM	ITTEE 2. Committee Name CIC GAR	y c. ropp
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	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 PAC Receipt? Yes Name & Address: SAME CARSON WASHING FOR TWO ME HX094 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Struct Lacy 18, 2018 6. Vendor Name & Address:	75 \$ CO
Fund Raiser Contribution		
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	5. Date Of Receipt: 6. Vendor Name & Address:	Click Here for Memo Itemization
Fund Raiser Contribution		
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$
If over \$100.00 cumulative, please provide:		
Occupation: Employer Name & Address:	5. Date Of Receipt: 6. Vendor Name & Address:	Click Here for Memo Itemization
Fund Raiser Contribution		
	Page Subto	tal 75 59
	Grand Total of all Schedules (Complete on last page of Schedules)	1 / 1/2

on line 6 of Summary
Page





SCHEDULE 1B CANDIDATE COMMITTEE

	A Dumana (Baguiyad Information)	5. Date 6. Amount
Name and address of person or vendor to whom paid	Purpose (Required Information)	J. Date C. / Grown
Expenditure #1		1-11
Name USTA PRINT		5/7/18 \$ 6/47
01011161110	Purpose: Business Caers.	Date
Address , Shh huk 8007	Purpose: LUMES CHEDS.	
1-800-014-000	. Click H	lere for Memo Itemization Type
USTAPRINE. COM		
VIS. r.	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
	otatoma	1
Expenditure #2		El. 1-1 -110
Name MPC AWARDS		5/11/18 \$ 7.40
The Market	Purpose: BAD9E	Date
Address 52/30 UAN DIKE	Purpose: DAD9C	
SHERBY TWP. MI	Click F	Here for Memo Itemization Type
48316		
,	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
	Gesterrant	
Expenditure #3		_/ /
Name Go DADDY	, ,	5/20/18 \$ 6500
,	Purpose: WEB PAGE	Date
Address 1-480-505-8877	Purpose: [NFB HJB	
(03 -00 , ACha	Click I	Here for Memo Itemization Type
GODADDY, COM	Charles and the second	
	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #4		
Name MEIJER		5/20/10 ====
MILION		2/2C/10 : 37,33
Address SMANI 7 h MILE	Purpose: OFFICE Supplies	vate ———
Worlder RANI CO	Fulpose. VI / C. Japan	
Address 8401 26 MILE WASHINGTON TWP. Mi 48094	1	Here for Memo Itemization Type
48094	_	
	Check box if this expenditure is payment of debt or obligation reported on previous	i
Fund Raiser	statement	
Expenditure #5		
		-1 1-
Name VISTAPRINT	1/	5/23/18 \$ 338,13
Address /-866-6/4-800Z	Purpose: Dooe Houses	Date ———
	· ·	
VistaPreix. Com		Here for Memo Itemization Type
U13/17/10-10C. Car 1	Check box if this expenditure is payment o	f
Gund Beiner	debt or obligation reported on previous statement	
Fund Raiser		total this page EM 52
	Sub	total this page 34, 33
	Grand Total of al	
	(Complete on last page	ge of Schedule)

Enter this total on line 8a of Summary Page

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SCHEDULE 1B CANDIDATE COMMITTEE

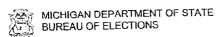
CANDIDATE COMMITTEE 2.0	Committee Name <u>CTE GARY</u> E	. PSOPP
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name VISTA PRINT	21	5/34/8 \$ 47803
Address)-866-614-8002 UISTA PRIVIL-COM		Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2 Name TRISTAR SISUS Address 26860 HICKLER LN	Purpose: Banks.	6/19/18 s 34200
HARRISON TWP. Mi 48045	Click Check box if this expenditure is payment of debt or obligation reported on previous	Here for Memo Itemization Type
Expenditure #3 Name HORTAS ADVENTISING Address 67/5 RIVER RD COTTRELLUILLE, MI 48039	Purpose: AWERTISINS Click Check box if this expenditure is payment of debt or obligation reported on previous statement	6/3/18 \$ 445 ED There for Memo Itemization Type of
Expenditure #4 Name FORM & HEME Address 66030 Upn Dytes WASHMIS TONTOP MI 48095	Purpose: PSTS Click Check box if this expenditure is payment of debt or obligation reported on previous statement	Date \$ 39 30 Where for Memo Itemization Type of
Expenditure #5 Name 62 ZETTE MEDIA Address P.O. Box 482 Teog.Mi 48059	Purpose: ADVERTISING Clic Check box if this expenditure is payment debt or obligation reported on previous statement	
	Su	btotal this page 14/29 33

Grand Total of all Schedules 1B (Complete on last page of Schedule)

3181.21

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

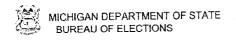
3. Name and address of person or vendor to whom paid

	1396/0	
	ommittee I. D. Number	. Hopp
2. 0	4. Purpose (Required Information)	5. Date 6. Amount
	Purpose: 10577495	7/5/18 \$ 408 08
	Click In Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo Iternization Type
	Purpose: POST PAULER	Tolk \$ 42 39 Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous statement	
	Purpose: Jael Signs	7/n/x \$ 29150
	Click Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo Itemization Type
	Purpose: Post Caros	7/21/18 \$ 20338
	Click Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo Itemization Type
	1	

Expenditure #1	7/5/1/ 14008
Name / ASECOM	7/5/18 \$ 408°°
Address 2230 EUL 1077	Purpose: 10577495 Date
TROY, M1 48083	Click Here for Memo Itemization Type
4083	Check box if this expenditure is payment of
_	debt or obligation reported on previous
Fund Raiser	statement
Expenditure #2	0 0// 1029
Name TEACTOR Supply	0 0 7/0/18 \$ 42 39
1 2.45	01/15P Date
Address 66/4/ VAN DYKE	Purpose. 1021
1 bollarden Calle / 11 -	Click Here for Memo Itemization Type
48095	Check box if this expenditure is payment of
	debt or obligation reported on previous
Fund Raiser	statement
Expenditure #3	
Name SIGUARAMA	7/11/2 579/30
	Upper Date
Address 36886 HARPER	Purpose: APP SNS Date
CLINTON TOP. M.	Click Here for Memo Itemization Type
48035	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous
	statement
Expenditure #4	-/./2
Name VISTA PRINCE	7/21/18 \$ 20338
1-866-614-800Z	Purpose: OST CARDS Date
Address	Purpose: 105/ Carros
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
	debt or obligation reported on previous
Fund Raiser	statement
Expenditure #5	
Name USPS	POSTAGE 2975 \$ 2975
	Purpose: 057A68 Date 271
Address	
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
	Subtotal this page 124285

Grand Total of all Schedules 1B (Complete on last page of Schedule) Enter this total on line 8a of Summary Page

Page ______ of ______



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 1396/0

2. Committee Name CTE GARY E. KOPP

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the comm	nittee OR b. Debts	and obligations owed to o	r forgiven <u>by</u> the com	mittee.
(Chec	k either a or b. Use only for the po		La Cumulativa	9. Outstanding
3. Name and Mailing Address of person, vendor or	Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative payment to	Balance at close
financial institution to whom debt is owed.	5. Indicate date debt was		date on debt	of this period (Item 6 minus
Check box to indicate whether debt is owed to an	incurred 6. Indicate original amount			Item 8)
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	of debt			
guarantors, if any.				
Debt #1 Corp? Yes Owed to or by:	4. Type: LOAN	S		
CORUE KOOD		\$		
The state of the s	5. Date Debt Was Incurred:			00
Owed to or by: GARY E. KOPP 59276 GLACIER CLUB DR. WASHINGTON TUP. MI	4/1/2018	\$. Ø	\$ 8,000 °C
WASHINGTON WP. 11/1	6. Original Amount of Debt	\$	* _/	
48094	\$ 8,000			FORGIVEN
	/	·\$		
If bank loan, name of endorser or guarantor.		Απ	nount Endorsed: \$	
Debt #2 Corp? Yes	4. Type:	\$		
Owed to or by:	5. Date Debt Was Incurred:			
	J. Date Debt // as insured	3		
	6. Original Amount of Debt:	<u> </u>	s	\$
		\$		ГП
	\$	\$		FORGIVEN
			mount Endorsed: \$_	
If bank loan, name of endorser or guarantor:	7	<i></i>	Thoused. 9-	
Debt #3 Corp? Yes Owed to or by:	4. Type:	<u> </u>		
	5. Date Debt Was Incurred:	\$		
		•	-	
	6. Original Amount of Debt:	3	\$	\$
		\$		FORGIVEN
	3	\$		1.00000
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	
is paracious, sumo of oracles at 5				0/100 00
		Page Subto	tal (Outstanding debt	0,00
		Grand Tol	al of all Schedules 1	8 (00)00
((Complete on last page of Schedule	showing amounts owed b	y or to the committee	

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by™ or line 12b "owed to" of the Summary Page