



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number <u>139610</u></p> <p>2. Committee Name <u>OTE Gary E. Kopp</u></p> <p>5. Committee's Mailing Address - <u>59276 GLACIER CLUB DR.</u> <u>WASHINGTON TWP. MI.</u> <u>48094</u></p> <p>Area Code and Phone <u>586-873-6906</u> <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></p> <p>7. Treasurer's Business Address <u>GARY E. KOPP.</u> <u>59276 GLACIER CLUB DR.</u> <u>WASHINGTON TWP. MI. 48094</u></p> <p>Area Code and Phone <u>586-873-6906</u></p>		<p>3. This Statement covers From: <u>4/1/2018</u> to <u>7/23/2018</u></p> <p>4. Candidate Last Name <u>Kopp</u> First Name <u>GARY</u> M.I. <u>E</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>WASHINGTON TWP. TRESTER</u></p> <p>4b. County of Residence <u>MACOMB</u></p> <p>6. Treasurer's Name & Residential Address <u>GARY E. KOPP</u> <u>59276 GLACIER CLUB DR.</u> <u>WASHINGTON TWP. MI.</u> <u>48094</u></p> <p>Area Code & Phone <u>586-873-6906</u></p> <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <u>GARY E. KOPP</u> <u>59276 GLACIER CLUB DR.</u> <u>WASHINGTON TWP. MI. 48094</u></p> <p>Area Code and Phone <u>586-873-6906</u></p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>Aug 7, 2018</u></p>		<p>9e. Dissolution of Candidate Committee</p> <p><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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p>			
<p>Current Treasurer or Designated Record keeper <u>GARY E. KOPP</u> Type or Print Name</p>		<p><u>[Signature]</u> Date <u>7/24/18</u> Signature</p>	
<p>Candidate <u>GARY E. KOPP</u> Type or Print Name</p>		<p><u>[Signature]</u> Date <u>7/24/18</u> Signature</p>	

FILED
18 JUL 25 PM 3:10
MACOMB COUNTY CLERK
HIL. CLEMENS, MICHIGAN



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139610

2. Committee Name CTG Gary E. Kopp

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>8,000⁰⁰</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$	<u>8,000.00</u>	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>8,000⁰⁰</u>	(21.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>8,000⁰⁰</u>	(22.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>75⁰⁰</u>	(23.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>—</u>	(24.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>3181.21</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3181.21</u>	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>—</u>	
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>8000</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>—</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>8,000⁰⁰</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>8,000⁰⁰</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>3181.21</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>4818.29</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139610
2. Committee Name CTE 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 4/1/2018

Name & Address:

GARY E. KOPP
59276 GLACIER CLUB DR
WASHINGTON TWP, MI 48094

\$ 8,000.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation ENGINEER Employer RETIRED

[Click Here for Memo Itemization](#)

Business Address N/A

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ \$

5. If over \$100.00 cumulative, please provide:

Occupation Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

\$ \$

5. If over \$100.00 cumulative, please provide:

Occupation Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ \$

5. If over \$100.00 cumulative, please provide:

Occupation Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$8000.00

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

\$8000.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139610
2. Committee Name CTE GARY E. Kopp

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? <input type="checkbox"/> Yes Name & Address: <u>Pam Keller</u> <u>59987 Carlson</u> <u>Washington Twp. MI 48094</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Post Cards</u> 5. Date Of Receipt: <u>July 18, 2018</u> 6. Vendor Name & Address: <u>Home Printed</u>	\$ <u>75</u> \$ <u>00</u>	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

75.00

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

75.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

139610

2. Committee Name

CTE GARY E. HOOP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>VISTA PRINT</u> Address <u>1-866-614-8002</u> <u>VISTAPRINT.COM</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BUSINESS CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/7/18</u> Date	\$ <u>61.47</u>
Expenditure #2 Name <u>MPC AWARDS</u> Address <u>52130 VAN DYKE</u> <u>SHELBY TWP. MI</u> <u>48316</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BADGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/11/18</u> Date	\$ <u>7.40</u>
Expenditure #3 Name <u>GO DADDY</u> Address <u>1-480-505-8877</u> <u>60DADDY.COM</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>WEB PAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/20/18</u> Date	\$ <u>65.00</u>
Expenditure #4 Name <u>MEIJER</u> Address <u>8401 Z6 MILE</u> <u>WASHINGTON TWP. MI</u> <u>48094</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/22/18</u> Date	\$ <u>37.53</u>
Expenditure #5 Name <u>VISTA PRINT</u> Address <u>1-866-614-8002</u> <u>VISTAPRINT.COM</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DOOR HANGERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/23/18</u> Date	\$ <u>338.13</u>
Subtotal this page			<u>509.53</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>3181.21</u>

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

139610

2. Committee Name

CTE GARY E. HOOP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>VISTA PRINT</u></p> <p>Address <u>1-866-614-8002</u> <u>VISTA PRINT.COM</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>POST CARDS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>5/30/18</u> Date</p>	<p><u>\$ 478.03</u></p>
<p>Expenditure #2</p> <p>Name <u>TRISTAR SIGNS</u></p> <p>Address <u>26860 HICKLER LN</u> <u>HARRISON TWP. MI</u> <u>48045</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>BANNERS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6/19/18</u> Date</p>	<p><u>\$ 342.00</u></p>
<p>Expenditure #3</p> <p>Name <u>HORTAS ADVERTISING</u></p> <p>Address <u>6715 RIVER RD</u> <u>COTTRELLVILLE, MI</u> <u>48039</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>ADVERTISING</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6/3/18</u> Date</p>	<p><u>\$ 445.00</u></p>
<p>Expenditure #4</p> <p>Name <u>FORM 3 HOMES</u></p> <p>Address <u>66030 VAN DYKE</u> <u>WASHINGTON TWP. MI</u> <u>48095</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>POSTS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6/27/18</u> Date</p>	<p><u>\$ 39.30</u></p>
<p>Expenditure #5</p> <p>Name <u>GAZETTE MEDIA</u></p> <p>Address <u>P.O. Box 482</u> <u>TEOG MI 48059</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>ADVERTISING</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/2/18</u> Date</p>	<p><u>\$ 125.00</u></p>

Subtotal this page

1429.33

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

3181.21

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

139610

2. Committee Name

CTE GARY E. KOPP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>LASERCOM</u> Address <u>2230 ELLIOTT</u> <u>TROY, MI 48063</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/5/18</u> Date	\$ <u>408.08</u>
Expenditure #2 Name <u>TRACTOR Supply</u> Address <u>66141 VAN DYKE</u> <u>WASHINGTON TWP. MI 48095</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POST ROLLER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/10/18</u> Date	\$ <u>42.39</u>
Expenditure #3 Name <u>SIGNARAMA</u> Address <u>36886 HARPER</u> <u>CLINTON TWP. MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17/18</u> Date	\$ <u>291.50</u>
Expenditure #4 Name <u>VISTA PRINT</u> Address <u>1-866-614-8002</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POST CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/21/18</u> Date	\$ <u>203.38</u>
Expenditure #5 Name <u>USPS</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/20/18</u> Date	\$ <u>297.50</u>

Subtotal this page

1242.85

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

3181.71

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

139610

2. Committee Name

CTE Gary E. Kopp

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: GARY E. KOPP 59276 GLACIER CLUB DR. WASHINGTON TWP. MI 48094	4. Type: LOAN 5. Date Debt Was Incurred: 4/1/2018 6. Original Amount of Debt: \$ 8,000.00	\$ \$ \$ \$ \$	\$ 0	\$ 8,000.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt:	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt:	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

8,000.00

Grand Total of all Schedules 1E

8,000.00

(Complete on last page of Schedule showing amounts owed by 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