



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

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

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<p>3. This Statement covers From: <u>7/23/2018</u> to <u>8/27/2018</u></p>	
<p>1. Committee I.D. Number <u>139610</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. TRUSTEE</u></p> <p>4b. County of Residence <u>MACOMB</u></p>
<p>2. Committee Name <u>ATE GARY E. KOPP</u></p>	<p>5. Committee's Mailing Address <u>59276 GLACIER CLUB DR.</u> <u>WASHINGTON TWP. MI. 48094</u> <u>586-873-6906</u></p> <p>Area Code and Phone <u>586-873-6906</u></p> <p>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.</p>
<p>6. Treasurer's Name & Residential Address <u>GARY E. KOPP</u> <u>59276 GLACIER CLUB DR.</u> <u>WASHINGTON TWP. MI. 48094</u> <u>586-873-6906</u></p> <p>Area Code & Phone <u>586-873-6906</u></p>	<p>7. Treasurer's Business Address <u>59276 GLACIER CLUB DR.</u> <u>WASHINGTON TWP. MI. 48094</u> <u>586-873-6906</u></p> <p>Area Code and 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> <u>586-873-6906</u></p> <p>Area Code and Phone <u>586-873-6906</u></p>	<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary</p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>AUG 7, 2018</u></p>
<p>Required ONLY if candidate is not on the ballot for the current year.</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement () Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</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 13 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> Signature <u>[Signature]</u> Date <u>8/13/18</u></p> <p>Candidate <u>GARY E. KOPP</u> Signature <u>[Signature]</u> Date <u>8/13/18</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139610

2. Committee Name LTE GARY E. KOOP

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$		(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	1,515.13	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	1,515.13	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	4,818.29	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	0	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	4,818.29	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	1,515.13	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	3,303.16	



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**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>LASER Com</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>8/2</u> Date	<u>\$ 944.15</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 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>8/2</u> Date	<u>\$ 35.00</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name <u>FLYERS</u> Address <u>THE LLPS STORE</u> <u>8679 26 MILE RD</u> <u>WASHINGTON TWP. MI 48094</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>HAND OUTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/4</u> Date	<u>\$ 212.00</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #4 Name <u>OLD STONE</u> Address <u>60730 VAN DYKE</u> <u>WASHINGTON TWP. MI 48094</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTION NIGHT FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7</u> Date	<u>\$ 198.98</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #5 Name <u>GAZETTE MEDIA</u> Address <u>P.O. Box 482</u> <u>TROY, MI 48099</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7</u> Date	<u>\$ 125.00</u> Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page 1515.13

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

1515.13

Enter this total
on line 8a of
Summary Page