



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.

ANSWERED
Summary Page
8/17/18

<p>1. Committee I.D. Number <u>139610</u></p>		<p>3. This Statement covers From: <u>7/23/2018</u> to <u>8/27/2018</u></p>	
<p>2. Committee Name <u>ITE GARY E. KOPP</u></p>		<p>4. Candidate Last Name <u>KOPP</u> First Name <u>GARY</u> M.I. <u>E</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>WASHINGTON TWP. TRUSTEE</u> 4b. County of Residence <u>MACOMB</u> <input checked="" type="checkbox"/></p>	
<p>5. Committee's Mailing Address <u>59276 GLACIER CLUB DR.</u> <u>WASHINGTON TWP. MI. 48094</u> Area Code and Phone <u>586-873-6906</u> 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> 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> 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> Area Code and Phone <u>586-873-6906</u></p>	
<p>9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <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 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: <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 <u>8/17/18</u> Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page HACON COUNTY CLERK JAMES S. MICHIGAN FILED 18 AUG 17 AM 10:29</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> Signature Date <u>8/17/18</u></p>	
<p>Candidate <u>GARY E. KOPP</u> Type or Print Name</p>		<p><u>[Signature]</u> Signature Date <u>8/17/18</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

AMENDED

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)
b. Unitemized (less than \$20.01 each - no Schedule)
c. Subtotal of "Contributions"

(3a.) \$ _____

(3b.) \$ NOT APPLICABLE

(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)
b. Itemized Get-Out-the-Vote (Schedule 1B-G)
c. Unitemized (less than \$50.01 each - no Schedule)

(8a.) \$ 1,515.13

(8b.) \$ _____

(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)
b. Unitemized (less than \$50.01 each - no Schedule)

(10a.) \$ _____

(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)
b. Owed to the Committee (Schedule 1E)

(12a.) \$ 8,000.00

(12b.) \$ _____

BALANCE STATEMENT

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. 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)

(13.) \$ 4,818.29

(14.) + \$ 0

(15.) = \$ 4,818.29

(16.) - \$ 1,515.13

(17.) \$ 3,303.16