



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.

*Amended  
8/23/18*

FOR OFFICIAL USE ONLY

<p>1. Committee I.D. Number <u>139610</u></p>		<p>3. This Statement covers From: <u>7/23/2018</u> to <u>8/21/2018</u></p>	
<p>2. Committee Name <u>ATE GARY E. KOPP</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>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></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 &amp; Residential Address <u>GARY E. KOPP</u> <u>59276 GLACIER CLUB DR.</u> <u>WASHINGTON TWP. MI 48094</u> Area Code &amp; 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</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 <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>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <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>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>8/23/18</u> Signature</p>	
<p>Candidate <u>GARY E. KOPP</u> Type or Print Name</p>		<p><u>[Signature]</u> Date <u>8/23/18</u> Signature</p>	



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*Amended  
8/23/2018*

**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? ☐ Yes  
Owed to or by: GARY E. KOPP  
59276 GLACIER CLUB DR.  
WASHINGTON TWP. MI 48094

4. Type: Loan  
5. Date Debt Was Incurred:  
5/1/2018  
6. Original Amount of Debt:  
\$ 8,000.00

\$  
\$  
\$  
\$  
\$

\$ 0

\$ 8,000.00  
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes  
Owed to or by:

4. Type: \_\_\_\_\_  
5. Date Debt Was Incurred: \_\_\_\_\_  
6. Original Amount of Debt: \_\_\_\_\_  
\$ \_\_\_\_\_

\$  
\$  
\$  
\$  
\$

\$ \_\_\_\_\_

\$ \_\_\_\_\_  
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes  
Owed to or by:

4. Type: \_\_\_\_\_  
5. Date Debt Was Incurred: \_\_\_\_\_  
6. Original Amount of Debt: \_\_\_\_\_  
\$ \_\_\_\_\_

\$  
\$  
\$  
\$  
\$

\$ \_\_\_\_\_

\$ \_\_\_\_\_  
☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

8,000.00

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

8,000.00

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

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.