



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.

3. This Statement covers From: 10.21.18 to 12.31.18

1. Committee I.D. Number

~~138631~~ 139531

2. Committee Name

Gary Lusk City Council

5. Committee's Mailing Address

43677 St Ives CT.
Sterling Heights MI 48314

Area Code and Phone (586) 201-4323

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.

4. Candidate Last Name

Lusk

First Name

Gary

M.I.

W

4a. Office Sought Including District # or Community Served (If applicable)

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address

Gary Lusk
43677 St Ives CT.
Sterling Heights MI 48314

Area Code & Phone (586) 201-4323

7. Treasurer's Business Address

43677 St Ives CT.
Sterling Heights MI 48314

Area Code and Phone (586) 201-4323

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Gary Lusk
43677 St Ives CT.
Sterling Heights MI 48314

Area Code and Phone (586) 201-4323

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☒ Annual Statement (2018)
Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☒ 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

01/01/2019

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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.

Current Treasurer or Designated Record keeper

Gary Lusk

Type or Print Name

Signature

Date

01.01.2019

Candidate

Gary Lusk

Type or Print Name

Signature

Date

01.01.2019



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139531

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Gary Lusk City Council

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$ <u>\$0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$0.00</u>	(20.) \$ <u>\$0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$150.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$0.00</u>	(23.) \$ <u>\$0.00 \$150.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$150.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$150.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$150.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u>	



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139531**
2. Committee Name **Gary Lusk City Council**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Gary Lusk Address 43677 St Ives CT Sterling Heights MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: pay back loan <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11.09.18 Date	\$ 150
Click Here for Memo Itemization Type			
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Click Here for Memo Itemization Type			
Subtotal this page			\$150.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$150.00

Enter this total
on line 8a of
Summary Page