



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: 7/21/19 to 10/20/19

1. Committee I.D. Number

139610

4. Candidate Last Name

KOPP

First Name

GARY

M.I.

E

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

WASHINGTON TWP. TRUSTEE

4b. County of Residence MACOMB

2. Committee Name

ITE GARY E. KOPP

5. Committee's Mailing Address

59276 GLACIER CLUB DR.
WASHINGTON TWP. MI.
48094

Area Code and Phone 586-873-6906

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.

6. Treasurer's Name & Residential Address

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

Area Code & Phone 586-873-6906

7. Treasurer's Business Address

59276 GLACIER CLUB DR.
WASHINGTON TWP. MI. 48094

Area Code and Phone 586-873-6906

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

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

Area Code and Phone 586-873-6906

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 () 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

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 E. KOPP
Type or Print Name

Signature

Date

11/2/19

Candidate GARY E. KOPP
Type or Print Name

Signature

Date

11/2/19