



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 8-24-20
HRSK

FOR OFFICIAL USE ONLY

1. Committee I.D. Number <u>139610</u>		3. This Statement covers From: <u>1-1-20</u> to <u>7-19-20</u>	
2. Committee Name <u>ITE GARY E. KOPP</u>		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>	
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> <small>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.</small>		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>	
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>		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>	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input 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. 4, 2020</u>		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 Note: The disposition of residual funds must be reported on Schedule 1B and the Summary page. 20 AUG 24 AM 10:55 FILED	
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 <u>GARY E. KOPP</u> Type or Print Name		<u>[Signature]</u> Signature Date <u>7-20-20</u>	
Candidate <u>GARY E. KOPP</u> Type or Print Name		<u>[Signature]</u> Signature Date <u>8-20-20</u>	