



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE
COVER PAGE

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: 8-25-20 to 10-18-20

1. Committee I.D. Number

139610

2. Committee Name

ITE GARY E. KOPP

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

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

11-3-20

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 hereby 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 10-19-20

Candidate GARY E. KOPP

Type or Print Name

Signature

Date 10-19-20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139610

2. Committee Name LTE GARY E. KOOP

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	_____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(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)	(8a.) \$	1,379.02	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	1,379.02	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(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)	(12a.) \$	_____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	1,458.56	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	0	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	1,458.56	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	1,379.02	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	79.54	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139610

2. Committee Name CITE GARY E. KOPP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>LLP FRONT SIGNS</u> Address <u>88 CUSTER AVE</u> <u>DETROIT MI 48202</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ROAD SIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/26/20</u> Date	<u>\$468.15</u>
Expenditure #2 Name <u>TAT HORTIS</u> Address <u>6715 RIVER RD</u> <u>COTTRELLVILLE, MI 48039</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILER DESIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/30/20</u> Date	<u>\$53.75</u>
Expenditure #3 Name <u>GRAPHICS EAST</u> Address <u>16005 STURGEON</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/6/20</u> Date	<u>\$828.00</u>
Expenditure #4 Name <u>JOEDANO GRAPHICS</u> Address <u>71300 VAN DYKE</u> <u>ELMER, MI 48065</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/6/20</u> Date	<u>\$280.00</u>
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 _____	\$ _____

Subtotal this page

1379.02

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1379.02

Enter this total
on line 8a of
Summary Page