



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: 10/19/20 to 11/23/20

1. Committee I.D. Number

139610

2. Committee Name

OTE 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

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

11/24/20

Candidate

GARY E. KOPP

Type or Print Name

Signature

Date

11/24/20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139610

2. Committee Name LTE GARY E. KOOP

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 100.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 100.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ _____

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 100.00

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ _____

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ _____

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 0

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.) \$ 0

**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.) \$ 0

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.) \$ 79.54

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 100.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 179.54

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 0

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 179.54

Column II
Cumulative this election cycle

(18.) \$ _____

(19.) \$ _____

(20.) \$ _____

(21.) \$ _____

(22.) \$ _____

(23.) \$ _____

(24.) \$ _____



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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139610
2. Committee Name ATE GARY E. KOPP

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES
Name & Address:

4. Date of Receipt 11/3/20

J. ORAM P.O. Box 252755

\$ 100.00\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation BOOKER Employer VIP REAL ESTATE

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES
Name & Address

4. Date of Receipt

\$ _____ \$ _____

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES
Name & Address:

4. Date of Receipt

\$ _____ \$ _____

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES
Name & Address:

4. Date of Receipt

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

100.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

100.00

Enter this total on
line 3a of Summary
Page.