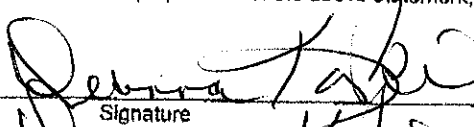
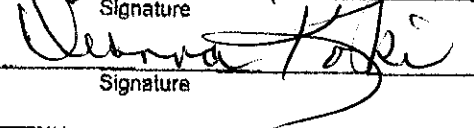




**STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES**

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 69954-50	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# 6-7-7a 8-11 c. Date Change(s) Took Place 4 / 8 / 02	
3. Full Name Of Committee (must include candidate's first and last name) COMMITTEE TO RE ELECT DEANNA KOSKI	
4. Candidate Last Name KOSKI	First Name DEANNA M.I.
4a. County of Residence MACOMB	4b. Political Party (If applicable)
4c. Driver License # (Optional)	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4e. District # or Jurisdiction	<input checked="" type="checkbox"/> Local or Other (Please Specify CITY COUNCIL)
5. Date Committee Was Formed 8-13-89 (Mo/Day/Yr)	6. Committee Area Code and Phone Number 586 566 2388
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 15079 HARVEST MEADOWS STERLING HEIGHTS, MI 48313	7a. Committee Street Address (May not be P. O. Box) 15079 HARVEST MEADOWS STERLING HEIGHTS, MI 48313
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.) KOSKI, DEANNA 15079 HARVEST MEADOWS STERLING HEIGHTS, MI 48313	9. <u>Designated Record keeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. (Bank, Credit Union or Savings & Loan Association)	12. This item applies only to a Gubernatorial Candidate Committee.
11a. Official Depository: FIRST FEDERAL OF MICHIGAN 36520 MORAVIAN	<input type="checkbox"/> Check If this committee intends to seek qualifying contributions for public funding.
11b. Secondary Depository: CLINTON TWP., MI 48035	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer DEANNA KOSKI Type or Print Name	 Signature
Candidate DEANNA KOSKI Type or Print Name	 Signature
	Date 4-25-02 Mo. Day Year
	Date 4-25-02 Mo. Day Year

FILED
APR 29 11:00 AM '02
MICHIGAN DEPARTMENT OF STATE

4-23-02

04/24/02 WED 15:39 FAX

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

003
#200215001

Faxed
Copy
Received
APR 25, 2002

**STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES**

TYPE OR PRINT CLEARLY, AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.



1. Committee Identification No. 69954-50	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s) # 8-11 c. Date Change(s) Took Place 4 / 8 / 02	
3. Full Name Of Committee (must include candidate's first and last name) COMMITTEE TO RE ELECT DEANNA KOSKI	
4. Candidate Last Name KOSKI	First Name DEANNA M.I.
4a. County of Residence MACOMB 4b. Political Party (if applicable)	
4c. Driver License # (Optional)	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4e. District # or Jurisdiction <input checked="" type="checkbox"/> Local or Other (Please Specify CITY COUNCIL)	
5. Date Committee Was Formed 8-13-89 (Mo/Day/Yr)	6. Committee Area Code and Phone Number 586 566 2388
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 15079 HARVEST MEADOWS STERLING HEIGHTS, MI 48313	7a. Committee Street Address (May not be P. O. Box) 15079 HARVEST MEADOWS STERLING HEIGHTS, MI 48313
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial, Please Include Zip Code.) KOSKI, DEANNA 15079 HARVEST MEADOWS STERLING HEIGHTS, MI 48313	9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. (Bank, Credit Union or Savings & Loan Association)	12. This item applies only to a Gubernatorial Candidate Committee.
11a. Official Depository: FIRST FEDERAL OF MICHIGAN 36520 MORAVIAN	<input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
11b. Secondary Depository: CLINTON TWP., MI 48035	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer DEANNA KOSKI Type or Print Name	Signature Date 4-25-02 Mo. Day Year
Candidate DEANNA KOSKI Type or Print Name	Signature Date 4-25-02 Mo. Day Year



FOR CANDIDATE COMMITTEE

#93027004KEM

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly

JAN 25 10 00 PM '93
CASHED
MACOMB COUNTY
MT. CLEMENS, MICHIGAN

1. Committee Identification No. 69954-50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 7	
2. Full Name of Committee COMMITTEE TO RE-ELECT DEANNA KOSKI		Date Change Took Place Month 8 Day 10 Year 92	
4. Candidate Name DEANNA Koski		County of Residence MACOMB	
Office Sought (include district or jurisdiction served) CITY COUNCIL		Party (if applicable) NA	
5. Committee Street Address (street, city, state, zip code) 33885 KENNEDY DR. STERLING HEIGHTS, MI 48310		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed (THIS) Mo. 4 Day 1 Yr. 91	8. Full Name and Mailing Address of Treasurer DEANNA Koski 33885 KENNEDY DR. STERLING HEIGHTS MI 48310		Area Code and Phone 313-2680126
7. Committee Area Code and Phone 313-2680126			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			

10 REPORTING WAIVER SECTION
 The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11 Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). STANDARD FEDERAL BANK 2600 W. BIG BEAVER, TROY MI 48084 COMERICA BANK, STERLING HTS, MI 48310		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding
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13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer DEANNA Koski Type or Print Name	<i>Deanna Koski</i> Signature	Date 1-24-93 Mo. Day Year
Candidate DEANNA Koski Type or Print Name	<i>Deanna Koski</i> Signature	Date 1-24-93 Mo. Day Year

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
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STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

FILED
MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

OCT 25 3 24 PM '91

Type or Print Clearly

1. Committee Identification No. 69954-50		3. Type of Filing EDNA MILLS MACOMB COUNTY ORIGINAL ELECTION MT. CLEMENS AMERICAN	
2. Full Name of Committee COMMITTEE TO REELECT DEANNA KOSKI		Amendment to Item(s) 2 + 11 Date Change Took Place 4-1-91 Month Day Year	
4. Candidate Name DEANNA KOSKI		County of Residence MACOMB	
Office Sought (include district or jurisdiction served) CITY COUNCIL STERLING HEIGHTS		Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) 33885 KENNEDY DR STERLING HEIGHTS, MI 48310		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer DEANNA KOSKI 33885 KENNEDY DR STERLING HEIGHTS, MI 48310		Area Code and Phone 313-2680126
7. Committee Area Code and Phone 313-2680126			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address Area Code/Phone			

10. REPORTING WAIVER SECTION
 The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). STANDARD FEDERAL BANK 2600 W. BIG BEAVER, TROY 48084 COMERICA BANK STERLING HEIGHTS		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
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13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer DEANNA KOSKI Type or Print Name	<i>Deanna Koski</i> Signature	Date 10-24-91 Mo. Day Year
Candidate DEANNA KOSKI Type or Print Name	<i>Deanna Koski</i> Signature	Date 10-24-91 Mo. Day Year

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
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STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Elections Division

19890774 KKW

Type or Print Clearly

1. Committee Identification No. 69954-50		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s)	
2. Full Name of Committee COMMITTEE TO ELECT DEANNA KOSKI		Effective Date of Amendment Month _____ Day _____ Year _____	
4. Candidate Name DEANNA KOSKI		County of Residence MACOMB	
Office Sought CITY COUNCIL STERLING HEIGHTS		Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) 33885 KENNEDY DRIVE STERLING HEIGHTS, MI 48310		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Aug. Day 13 Yr. 89	8. Full Name and Mailing Address of Treasurer DEANNA KOSKI 33885 KENNEDY DRIVE STERLING HEIGHTS, MI 48310		Area Code and Phone 313- 268 0126
7. Committee Area Code and Phone 313 268 0126			
9. Identify the Principal Officers of this Committee, other than the Treasurer			
Name DEANNA KOSKI	Title or Position CANDIDATE	Mailing Address 33885 KENNEDY DRIVE STERLING HEIGHTS, MI 48310	Area Code/Phone 313 268 0126

FILED
 AUG 14 10 30 AM '89
 MACOMB COUNTY
 MI. CLEMENS, MICHIGAN

10. REPORTING WAIVER SECTION
 The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). COMERICA BANK - DETROIT 47127 VAN DYKE, UTICA, MI 48087	12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
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13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Treasurer DEANNA KOSKI Type or Print Name		Date Aug. 13, 1989 Mo. Day Year
Candidate DEANNA KOSKI Type or Print Name		Date Aug/ 13, 1989 Mo. Day Year

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address