#### MICHIGAN DEPARTMENT OF STATE





## 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				
Type of Filing a.  Original OR b.  Amendment to Iter     Type of Committee (must include candidate's first and last name)	6-7-7a n(s)# 8-11 c. Date Change(s) Too	k Place 4 / 8 /02		
COMMITTEE TO RE ELECT DEANNA KOSKI		4 4-23-02		
4. Candidate Last Name KOSK I Fire	st Name DEANNA	erit de la companya d		
4a. County of Residence MACOMB	4b. Political Party (If applicable)	M.I,		
4c. Driver License # (Optional)	ist i sittem i dity (ii applicable)			
4d. Office Sought: (Check one)				
Governor	epresentative	☐ State Board of Education ☐ Court of Appeals ☐ Circuit Court		
4e. District # or Jurisdiction	XX 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			
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 15079 HARVEST MEADOWS STERLING HEIGHTS, MI 48313	7a. Committee Street Address (May <u>not</u> be 15079 HARVEST MEADOWS STERLING HEIGHTS, MI 48313	•		
8. <u>Treasurer.</u> Name and Malling Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)  KOSKI, DEANNA 15079 HARVEST MEADOWS STERLING HEIGHTS, MI 48313	than the treasurer) who will be responsible for the committee's records and Campaign Statement fillings. If committee treasurer will handle these responsibilities, leave this Item blank.			
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver Lice	use # (Outional)		
10. 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 required Gampaign Statement, that Campaign Statement				
(Bank, Credit Union or Savings & Loan Association)	12. This item Candidate Co	applies only to a Gubernatorial ammittee.		
11a. Official Depository: FIRST FEDERAL OF MICHIGAN  36520 MORAVIAN		nis committee intends to seek stributions for public funding.		
13. Verification: INWe certify that all reasonable diligence was used in the prepomplete to the best of my/our knowledge or bellef.  Current Treasurer  DEANNA KOSK I  Type or Print Name  DEANNA KOSK I  Type or Print Name  Signature  Signature  Type or Print Name  Signature	Date_	Ontents are true, accurate and  H-25-02  Mo. Day Year  H-25-02  Mo. Day Year		
15079 HARVEST MEADOWS STERLING HEIGHTS, MI 48313  Area Code and Phone Driver License # (Optional)  10. REPORTING WAIVER The committee does NOT expect to receive be automatically lost if the committee exceeds the \$1,000 threshold. (Direct \$1,000.00 Reporting Waiver threshold.) Funds left over from one election courequest for a Reporting Waiver is not received on or before the filling decannot be waived.  11. Names and Addresses of depositories or intended depositories of comm (Bank, Credit Union or Savings & Loan Association)  11a. Official Depository: FIRST FEDERAL OF MICHIGATION OF Secondary Depository: FIRST FEDERAL OF MICHIGATION TWP., MI 48035  13. Verification: INWe certify that all reasonable diligence was used in the preparation of the best of mylour knowledge or belief.  Cultrent Treasurer DEANNA KOSKI  Type or Print Name  DEANNA KOSKI  DEANNA KOSKI	responsibilities, leave this Item blank.  Area Code and Phone Driver Lice or expend in excess of \$1,000.00 in an election and in-kind contributions, expenditures and out toward the "amount received" for the next election of a required Campaign Statement, the little funds.  12. This item Candidate Condidate Condidat	mse # (Optional)  In. The Reporting Waiver will istanding debt count against the lection. Please note: If a lection. Please note: If a lection applies only to a Gubernatorial applies only to		

04/24/02 WED 15:39 FAX

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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#### 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	AP'		
2. Type of Filing a. Original OR b. Amendment to Item( 3. Full Name Of Committee (must Include candidate's first and last name)	6-7-7a s)# 8-11 c. Date Change(s) Took Place 4 / 8 /02		
•	4 4-83-02		
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. Oriver License # (Optional)			
4d. Office Sought: (Check one)			
☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Rep ☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ District Court ☐ Probate Court ☐ Detroit Recorders Court	☐ Attorney General ☐ Court of Appeals		
4e. District # or Junsdiction	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 <u>not</u> 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	Designated Record keaper. 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. 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 required reporting Waiver is not received on or before the filling deadline of a required Campaign Statement, that Campaign Statement cannot be waived.			
<ol> <li>Names and Addresses of depositories or intended depositories of comm (Bank, Credit Union or Savings &amp; Loan Association)</li> </ol>	Ittee funds.  12. This item applies only to a Gubernatorial Candidate Committee.		
11a. Official Depository: FIRST FEDERAL OF MICHIGATION TWP., MI 48035	Check if this committee intends to seek qualifying contributions for public funding.		
13, Verification: I/We certify that all reasonable diligence was used in the preporting to the best of mytour knowledge or belief.  Current Treasurer  Type or Print Name  DEANNA KOSK I  Type or Print Name  Signature  Type or Print Name  Signature  Signature  Type or Print Name  Signature  Type or Print Name	Date 4-25-02  Date 4-25-02		



### CANDIDATE COMMITT

#93027004Keny

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly	3. 2.0000113	<b>3</b> €0 €
1. Committee		TOP N
Identification No. 69954 - 50	3. Type of Filing	
	Original Amendment to Item(s)	
2 Full Name of Committee To RE-Elect	Date Change Took Place	-
DEANNA KOSK!	8 - 10	290
DEANNA KOSKI	Month Day	Year 5
4. Candidate Name DEANNA KOSKi	County of Books	
	MAQOY	N B
Office Sought (include district or jurisdiction served)  Council	Party (if applicable)	
5. Committee Street Address (street, city, state, zip code)	N <del>M</del>	
33885 KENNEDY DR	5a. Committee Mailing Address (if diff	erent from street address)
Change of the control		
STERLING HEIGHTS M, 48310 !	•	
6. Date Committee Was Formed (This) 8. Full Name and Mailing Address		
	s of Treasurer A	rea Code and Phone
Mo. 4 Day   Vr. 91 DEANNA K 7. Committee Area Code and Phone 33885	OSKI	313-2680126
Mo. 4 Day   Vr.91 DEANNA K 7. Committee Area Code and Phone 33885 KE 313 - 2680126 STERLING	ENNEDY UR.	
SHOOTING STERUNG	HEIGHTS, MI	48310
Identify the person who will be responsible for the committee's records and Campaign Steleave this item blank.  Name  Mailing Address.	atement filings.if committee's treasurer will h	Andie these responsibilities
Mailing Address		Area Code/Phone
		rida Code/Frione
- The state of the		
10 REPORTING WAIVER SECTION		
The Committee does NOT expect to receive or expend in excess of \$1	.000.00 in an election	
names and addresses of depositories or intended depositories of committee	funds (list both official describe	
Stall Ook Try	. J	12. This item applies only to a gubernatorial Candidate Com-
STIMOTICS FEDERAL BAN	5K	mittee.
STANDARD FEDERAL BAN 2600 W. BIG BEAVER,	TROY MI 48084	Check if this committee
COMERICA BANK STERLING H	.)	intends to seek qualifying contributions for public
13 Verification: I/We certify that all reasonable dispense was used in the	45 Mi 48310	funding
13 Verification: I/We certify that all reasonable diligence was used in the prepi	iration of the above statement, and t	hat the contents are true, accurate and
	1 1 1	
Treasurer SERNNA KOSKI		1 01/00
Type of Frint Name	Signatura	Date 1-24-93 Mo. Day Year
Candidate CHANA KOSKI	was tall	and the state of t
The second	Signature	Date 1-24-93 Mo. Day Year
14. FOR OFFICEHOLDERS' USE ONLY COMMEN		
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established)	hed an Officeholder Expense Fund)	
14a. Full Name and Address of Officeholder	ddress of Transvers	
Officeholder Expe		Officeholder Expense Fund Depository
	nse Fund	Name and Address
	nse Fund	Name and Address
	nse Fund	Name and Address
	nse Fund	Name and Address
CFR 101 (5/89)  Authority granted under Act 38	nse Fund	Name and Address



#### STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

Type or Print Clearly

CFR 101 (5/89)

Oct 25 3 24 PM 191

	54-50	MACOMB MT. CLEM	3. Type of Filing A Line of Filing A Line of Filing A Mendinent to Ite	em(s) 24	· 1)	
2. Full Name of Committee Comm 1 TTEE DEANNA	To REElE Koski	et	Date Cha Month	nge Took Place	71 Year	
4. Candidate Name DEF	INNA KO	sk i	County of Residence	m Acc	om B	
Office Sought (include district of	COUNCIL	STERL	Party (if applicable)	h T-s		
5. Committee Street Address (street 33885 K Sterling	ENNEDY	DR M) 48310	5a. Committee Mailing I I	Address (if differ	ent from street add	ress}
<ul> <li>6. Date Committee Was Formed</li> <li>Mo. Day</li> <li>7. Committee Area Code and Pho</li> <li>3/3 - 2680/2</li> </ul>	Yr. DEF	e and Mailing Addre	OSKI DR		a Code and Phone 3/3-26	(80146
Identify the person who will be responsed this item blank.     Name	onsible for the committee's re Mailing Add		Statement filings.If committe	ee's treasurer will ha		ies, Area Code/Phone
10. REPORTING WAIVER SECTION  The Committee does NOT		xpend in excess of	61,000.00 in an electio	n.		
11. Names and addresses of depositorie and any secondary depositorie STANDARD 2600 W. Comerica	FEDERA	AL BAN	nΚ	al depository 18084 6H75	mittee.  Check if intends to	lies only to a Candidate Com- this committee seek qualifying is for public
TEARINA	est of my/our knowledg	was used in the pree or belief.	eparation of the above	statement, and t	11) -	e true, accurate an
Candidate Type or Print Name  Type or Print Name  Type or Print Name	Koski Koski	/ Wei	bign Unnat For Sign	lature nature	Date Mo.  Date Mo.  Mo.	Day Yea Day Yea
14. FOR OFFICEHOLDERS' U	SE ONLY (Complete of	only if you have est	ablished an Officeholder	Expense Fund)	, , , , , , , , , , , , , , , , , , ,	
14a. Full Name and Address of O Expense Fund	fficeholder	14b. Full <b>N</b> ame an Officeholder E	d Address of Treasurer xpense Fund	of   14c	. Officeholder Expen Name and Addres	

Authority granted under Act 388 of 1976, as amended.



# FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE Elections Division

Type or Print Clearly

CFR 101 (2/86)

19890774 KN W

1. Committee		3. Type of Filing		·
Identification No.		X Original		
69954-50	4	Amendment to Item(		
2. Full Name of Committee COMMITTEE TO ELECT D	EANNA KOSKI	Effective D	ate of Amendme	ent <sub>.</sub>
		Month	Day	Yeac
4. Candidate Name DEANNA KOSK	I .	County of Residence	MACOMB	CO L TO
Office Sought CITY COUNCI STERLING HE		Party (if applicable)		ID 3
5. Committee Street Address (street, city, star 33885 KENNEDY DRIVE STERLING HEIGHTS, MI		5a. Committee Mailing A	Address (if differ	ent from street address
6. Date Committee Was Formed	8. Full Name and Mailing Add	ess of Treasurer	Are	a Code and Phone
Mo. Aug. Day 13 Yr. 89	DEANNA KOSKI		313	3- 268 0126
7. Committee Area Code and Phone	33885 KENNEDY			
313 268 0126	STERLING HEIG	HTS, MI 48310		
9. Identify the Principal Officers of this Comm	nittee, other than the Treasurer			
Name	Title or Position	Mailing Addres	68	Area Code/Phone
DEANNA KOSKI	CANDIDATE	33885 KENNEI STERLING HEI		1 48310 313 268 0120
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 and any secondary depositories).  COMERICA BANK - DETE 47127 VAN DYKE, UTIO	intended depositories of commi			12. This item applies only to a gubernatorial Candidate Committee.  Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasona complete to the best of my/	ble diligence was used in the our knowledge or beliefs.	preparation of the above	statement, and	that the contents are true, accurate and
Treasurer DEANNA KOSKI Type or Print Name Candidate DEANNA KOSKI Type or Print Name	/ Ne	S/gna S/gna	The	Date Aug. 13, 1989  Mo. Day Year  Mo. Day Year  Mo. Day Year
14. FOR OFFICEHOLDERS' USE ONL'	Y (Complete only if you have e	stablished an Officeholder	Expense Fund)	
14a. Fuil Name and Address of Officeholder Expense Fund		and Address of Treasurer of Expense Fund	of   14	c. Officeholder Expense Fund Depository Name and Address

Authority granted under Act 388 of 1976, as amended.