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17 JUL 25 PH 12: 51



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE



FOR OFFICIAL USE ONLY

5. Committee's Meilling, Address 15019 HARVEST MEADOWS	COVER PAGE		4. Candidate Last Name First Name M		
2. Committee Name Let To RE Elect DEANNA KOSKI DEANNA A. Official Sough Including District 8 or Community Served (If applicable) 2. Committee Name Let To RE Elect DEANNA KOSKI DEANNA A. Official Sough Including District 8 or Community Served (If applicable) 4. County of Residence MACOMB 5. Committee's Mailting Address 15099 HARVEST MEADOWS 5. Treasurer's Name & Readdensial Address 15019 HARVEST MEADOWS 5. Treasurer's Name & Readdensial Address 15019 HARVEST MEADOWS 5. Treasurer's Name & Readdensial Address 15019 HARVEST MEADOWS 5. Treasurer's Name & Readdensial Address 15019 HARVEST MEADOWS 5. Treasurer's Name and Mailing Address (If the committee have a care to the address by the filing official. 7. Treasurer's Subhess Address 15019 HARVEST MEADOWS 5. Designated Record keeper's Name and Mailing Address (If the committee have a care to the address by the filing official. 8. Designated Record keeper's Name and Mailing Address (If the committee have a care to the care of the committee have a care of the care	1. Committee I.D. Number 69954-50 2. Committee Name HEE To RE Elect Committee Name HEE KOSKI DEANNA KOSKI 4. Candidate Last Name KOSKI DEANNA 4a. Office Sought Including District # or Community Served (If applicable) CITY COUNCIL 4b. County of Residence MACOMB		7-23-17		
5. Committee's Mailing Address 15079 HARVEST MEADOWS STERLING Itts, MI 1833 Area Code and Phone If the address in this box is different from the committee to be and to this address by the filling official. 7. Treasurer's Susiness Address 15079 HARVEST MEADOWS SHERLING HTS MI 18313 Area Code & Phone 8. Designated Record keeper's Name and Mailing Address (If the committee has a Deale code and Phone 9. TYPE OF STATEMENT 90. Pric. Election or Post-Election Statement relates to: Primary Convention Special School Causurs October Quarterly Octobe	69954-50	Elect	4a. Office Sought Including Di	strict # or Community Served (I	
7. Treasurar's Business Address 13017 HARVES	5. Committee's Malling Address 15019 HARVEST MEI STERLING 1Hs, M Area Code and Phone If the address in this box is different from the comm mailing address on the Statement of Organization,	ADOWS 1/83/3	DFANNA 15079 HA STERLING	RUSST MEI HTS Mi	1DDW3 48313
9. Pre-Election OR 9b. Post-Election Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary General Convention Special School Caucus Annual Statement (Coverage Year Coverage Year Annual Statement (Cov	7. Treasurer's Business Address 15019 HARVEST MET STERLING HEIGHTS, N	HDOWS M. 313	0 Designated Descriptions		If the committee has a
9. Pre-Election OR 9b. Post-Election Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary General Convention Special School Caucus Annual Statement (Coverage Year Coverage Year Amendment to Campaign Statement (Coverage Year Coverage Year Amendment to Campaign Statement (Coverage Year Coverage Year Amendment to Campaign Statement (Coverage Year Coverage Year Amendment to Campaign Statement (Coverage Year Coverage Year Amendment to Campaign Statement (Coverage Year Coverage Year Amendment to Campaign Statement (Coverage Year Annual Statement (Coverage Y	Area Code and Phone 586 566 23	हर े	Area Code and Phone		
Ligrant Trassurar or Jesignated Record keeper DEANNA Koski Candidate DEANNA Koski Date 7-24-17	9s. 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	is not on the current year: July Quarte October Quarte 9c. Annual 9d, Americ (Compliant of the current year)	ballot for the arry uarterly Statement () Coverage Year diment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being	By checking this item I/W by the committee to the candiby discharged and forgiven, a the committee. The committee owes no lates fees or has any Further, if the dissolution cannonsidered a request for the R Effective date of discharged the summer of the R Note: The disposition of residuscharged the summer of	date or his or her spouse is he nd no longer collectible from the has no oustanding assets, oustanding debt. Tot be granted, that this be deporting Waiver.
	candidate DEANNA KosKi	ince was used in occurate and cor	Signature	1/10	

Signature



SUMMARY PAGE

1. Committee I.D. Number 69954-50
2. Committee Name Committee take Elect Deawa Kosi

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Uniternized (less than \$20,01 each - no Schedula)	(36.) \$ 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 18-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8, Expenditures	1119 38	
a. (lemized (Schedule 18, Column 6)	(8a.) \$463.	
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.) s <u>463,38</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements s. 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	-000 20	
Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.) $S = 7421.08$ (14.) + $S = -0$ (15.) = $S = 7421.08$ (16.) - $S = 463.38$ (17.) $S = 6957.70$	



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I, D. Number 69954-50 2. Committee Name Committee Take Elect Deanna Kosk		
2. Committee Name Committee Toke Ele	of DE	ANNA KOSK
4. Purpose (Required Information)	5. Date	6, Amount

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6, Amount
Expenditure #1 Name BRONCO PRINTING Address 21841 DEQUINDRE HAZEL PARK, M. 48030	Purpose: PRINTING	3 <u>-3-17</u> Date	: 88.33
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name MANHAHAN MAILERS Address 51/32 MILANO DR MACAMB MI 48042	Purpose: MAI/ING	3-5-17 Date	s <u>257,</u> 05
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	and the second of the second	
Name CENTURY BANQUET CENTER Address 38204 MAPLE LANE STERLING HTS MI 48312	Purpose: Buffet	<u>4-5-11</u> Date	s 118,00
☐ Fung Kaiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address	Purpose:	Date	\$
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name			_
Address	Purpose:	Date	*
Fund Raiser	Chook box if this expenditure is payment of debt or obligation reported on previous statement	otal this page	41338

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

Enter this total on line 8a of Summary Page



DEBTS	AND	OBLI	GA1	TIONS
S	CHE	DULE	1E	

1. Committee I.D. Number

69954-50

2. Committee Name Committee to REELECT DEANNA KOSKI

This Schedule itemizes:				
·		\$		
 a. V Debts and obligations owed by or forgiven the com (Chec 	nmittee OR b. Debi ock either a or b. Use only for the p	ots and obl <mark>igations</mark> owed <u>to</u> or ourpose checked.)	r forgiven <u>by</u> the co	mmittee,
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated hydriness. If debt is a bank lean, please provide information regarding the endorsers or guerantors, if any,	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	6, Cumulative payment to date on debt	Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: DEANNA KOSK 15079 HARVEST MEADOWS M. 19313	4. Type: <u>FO</u>	s		
15079 HARVEST MEADOWS STERLING HTS, MI 48313	5. Date Debt Was Incurred: 4-6-99	3		. 337
STERUNG TIET TO	6. Original Amount of Debt:		,	FORGIVEN
If bank loan, name of endorser or guarantor:		Amc	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: <u>FO</u>	\$		
DEANNA KOSKI 15079 HARVEST MEANNUS	3. Dair Drbt Was Incurred: 10 - 19 - 99	<u> </u>		205 81
Sterling Hts M. 48313	6. Original Amount of Debt:	\$	\$	\$ 885
If bank lean, name of anderser or guarantus.	*************************************	\$		FORGIVEN
Debt #3 Corp? Yes	A	·Ame	ount Endorsed: \$	<
Owed to or by:	4. Type: FO	<u> </u>		
DEANNA KOSKI 15029 HARVEST MEADOWS	5. <u>Date Debt Was Incurred</u> : 6-/6-00			~ ~ ~ ~ ~ ~
Stering Hts M. 48313	6. Original Amount of Debt:	. \$	\$I	\$ 700.
		<u> </u>		FORGIVEN
If bank loan, name of anderser or guarantur.			ount Endorsed: \$	
		Page Subtotal (Outstanding debt)	2122,81
		Grand Total o	of all Schedules 1E	

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

on line 12s "owed by"" or line 12b "owed to" of the Summary Page

Enter this total

10 01

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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DEBTS	AND	OBLI	GA1	rions
S	CHE	DULE	1E	

CAMPIDATE COMMITTEE	iommittee Name(E WILLIPAN	- LEMAPH	Noski
This Schedule itemizes:			771	
a. Debts and obligations owed by or forgiven the com (Che	mittee OR b. Deb ck either a or b. Use only for the p	ts and obligations owed <u>to</u> our	r forgiven <u>by</u> the co	mmittee,
3. Name and Malling Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	/. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debi #1 Owed to or by: DEANNA KOSK 15079 HARVEST MEADOWS STERLING HTS, MI 48313	4. Type: NLC 5. Date Delet Was Incurred: 5 - 24 - 79 6. Original Amount of Debt: \$ 241, \$ 2	\$ \$ \$	\$	s 24.00 FORGIVEN
If bank loan, name of andorser or guarantor:	(Amo	unt Endorsed: \$	
DEANNA KOSKI DEANNA KOSKI ISO79 HARVEST MEADOWS STERLING HTS M. 48369 If bank loan, name of endorser or guarantor:	4. Type: NAC 5. Date Debt Was Incurred: 6-4-9 6. Original Amount of Debt: 5 667.	\$ \$ \$ \$ \$ \$	\$ bunt Endorsed: \$	\$664.3 FORGIVEN
Debt #3 Corp? Yes	EA			(,
DEANNA KOSKI 15019 HARVEST MEADOWS STERING HTS MI 48513	4. Type: PO 5. Date Debt Was Incurred: 2-/6-99 6. Original Amount of Debt: 3595,	\$ \$ \$	*	595.00 FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
		Page Subtotal (Outstanding debt)	1500.13

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

Page of	
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DEBTS	AND	OBLI	GAT	IONS
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CAMPIDATE COMMITTEE	Committee Name 27/7/17/2		EJAA JISPELL	/\&=/\L
This Schedule itemizes:		:		
a. L Debts and obligations owed by or forgiven the com	mittee OR b. Deb	ts and obligations owed to d	r forgiven by the co	mmittee,
(Che	ck either a or b. Use only for the p	urpose checked.)		
Neme and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or quarantors, if any.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)
Owed to or by:	4. Type: FO			
DEANNA KOSKY	5. Date Debt Was Incurred:	<u> </u>		ے ا
OWED TO OF BY: DEANNA KOSKY 15079 HARVEST MEADOWS STERLING HTS, MI 48313	6. Original Amount of Debt:	\$	\$:749.5
JyBruin - 1	5 7 1 9 PX	.\$;	FURGIVEN
If bank loan, name of endorser or guarantor:	,	S Arriv	ount Endorsed: \$	
Oebt #2 Corp? Yes Owed to or by:	4. Type: ADS	\$		
DEANNA KOSKI DEANNA KOSKI 15079 HARVEST MEADOWS	5. Data Debt Was Incurred:	<u> </u>		
STERLING HTS MI 48313			\$: 486,
spercines has the	<u> </u>	<u> </u>		FORGIVEN
if bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type CANDY - TREAT	\$		
DEANNA KOSKI 18079 HARVEST MEADOWS	5. Date Debt Was Incurred: 3-37-10-19-10	<u> </u>		-6
Sterling Hts Mi 48313	6. Original Amount of Debt:	<u>\$</u>	\$:109:
Sterling HTS MI TOUS	5/07,67	s		FORGIVEN
If bank toen, nome of endureer or guarantur,		An	nount Endorsed: \$	
		Page Subtotal	(Outstanding debt)	1345,2
(Co	mplete on last page of Schedule s	Grand Total o	of all Schedules 1E to the committee)	
•		_ \		Enter this total on line 12s "owe
		`		by" or line 12b

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period severed by this Campaign Statement.

"owed to" of the Summery Page

Page _____ of ____



DEBTS	AND	OBL	GA ¹	FIONS
S	CHE	DULE	1E	

1. Committee I.D. Number 69954-50

CANDIDATE COMMITTEE This Schedule Itemizes Debts and obligations owed by or forgiven the committee OR Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.) 4. Type of Obligation 3. Name and Mailing Address of person, vendor or 7. Date and amount of 8. Cumulative 9. Outstanding financial institution to whom debt is owed. payment to Balance at close (Description) asch payment of this period date on debt 5, indicate date debt was Check box to indicate whether debt is owed to an Incurred (Item 6 minus incorporated business. If debt is a bank loan, please 6. Indicate original amount item 8) provide information regarding the endorsers or of debt guarantors, if any. Corp? Debt #1 Owed to or by: 6. Original Amount of Debt: **FORGIVEN** If bank loan, name of endotser or guarantor: Amount Endorsed: \$ Carp? Debt #2 Owed to or by: 6. Original Amount of Debt: \$ **FORGIVEN** Š If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #3 4. Type: Owed to or by: 5. Date Debt Was Incurred: 6. Original Amount of Debt: **FORGIVEN** Amount Endorsed: \$ If bank loan, name of emilians or guarantor;

Page Subtotal (Outstanding debt)

Total of all Schodules 15

Grand Total of all Schedules 1E (Complete on lest page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page ____ of ____