#### لالمعيانا

# CANDIDATE COMMITTEE COVER PAGE

1 (11/50 p.	GE			
the treasurer (or designated are printed in	n ink and signed by	. —	FOR OFFICIAL USE ON	
Committee I.D. Number	er) and candidate.	3. This Statement co	vers From:	
69954-50		4. Candidate Last N	7~17 61	, —
•		KOSKI	First Name	<u>'</u>
2. Committee Name Committee Tok	Or Elmal	4a. Office Sought Inclu	DEANN H	
DEANNA KOSA	E CIEET	1 0: to 0	Iding District # or Community Served (If applicable)	
5 Committee Constitution	(1		CONCIL	
5. Committee's Mailing Address	1 00	4b. County of Residence	MAROMB	
15079 HARVEST	+ MEADON	6. Treasurer's Name &	Residential Address	
StERLING Hts MI	11021-	DEANNA	Koski	
01 0 01110 10 1719 , 1111	タインハラ	15079 HA	AVEST MEADOWS	
Area Code and Phone 586 566	1228	· ·		
mailing address. It is box is different from the se	mmittee	THERING	Hts M1 4831-3	
of sent to this address by the filing official	on, mail may	ے ا	7/ - 33	
7. Treasurer's Business Address		Area Code & Phone	86 5662388 2	
15079 HARVEST ME	Amuse !	8. Designated Record keeps	eper's Name and Mailing Address (If the committee has-a-	
		тоско кеере		
StERING HTS, MIY	83/3			
	1		Elloworth	
				ļ
Area Code and Phone 586 Slok 2.	,		(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
9. TYPE OF STATEMENT	1	Area Code and Phone		
9a. Pre-Election OR 9b. Post-Election	Required ONL'	Y if candidate	9e.	_
re-Election or Post-Election Statement relates to:	current year:	motior the	By checking this item I/We certify any outstanding debt	
Primary Primary	July Quarterly	v		re
General			the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.	
Convention	October Quar	terly	a any obstanting debt.	
Special			Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
	9c.		Agost for the Reporting Waiver.	
School	Annual Sta	Coverage Year	Effective	
Caucus	9d. Amendme	Ot to Campaign Co.	Effective date of dissolution	1
		Item 9a, 9b, 9c or 9e to nich Statement is being	Man	
Date of Election, Convention or Caucus	amended.)	Statement is being	Note: The disposition of residual funds must be reported on Schedule 18 and the Summary Page.	
			and Summary Page.	1
HUG 3,2021				
Verification: I/We certify that all				
our knowledge and belief the contents are true, acc	se was used in the	preparation of this statemer	nt and attached schedules (if any) and to the best of	
ent Treasurer or	r) "	e.	and one schedules (if any) and to the best of	
gnaled Record keeper JEANNA	105K1, 1	100	1 2	
Type or Print Name	,	Signalure	Date 8-25-21	١
T-122. 11		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del></del>	\
andidate VEANNA KOSK	1 /	benna	Date 8-35-2	
Type or Print Name		Signature	Dale U	

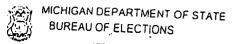
# SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

COMMITTEE TORE E/ECT

2. Committee Name DEANNA KOSKI

RECEIPTS		1631
3. Contributions	Column I This Period	Column II Cumulative this election cycl
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8080</u> .	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$ 12330 .00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 8080 00	(20.) \$12330. 00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(24.)
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(21.) \$
EXPENDITURES		
8. Expenditures		
a. Ilemized (Schedule 1B, Column 6)	(8a.) \$236. 30	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) s 236,30	(23.) \$ 2213.76
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		(23.) \$
<ol> <li>Disbursements</li> <li>Itemized (Schedule 1C, Column 6)</li> </ol>	(10a.) \$	
<ul> <li>b. Uniternized (less than \$50.01 each - no Schedule)</li> </ul>		
1. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
EBTS AND OBLIGATIONS 2. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 6248, 20	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
Ending Polego	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.) Amount received during reports	(13.) s <u>5204.83</u>	
(Line 5, Total Contributions & Other B	(14.)+s 8080,00	
Amount expended during reporting and 14	(15.) = s 13284, 83	
ENDING BALANCE	(16.)·s_ 236 30	
(Subtract line 16 from line 15)	(17.) s 13048, 53.	
	10113.	



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# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### CANDIDATE COMMITTEE

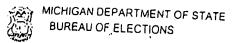
1. Committee I.D. Number 69954-50

TOTAL MILLER T.D. MUMBER	_	,	•	/		•
Co	mm	. 4	PE	70	P	ष्ट्रां हिंदी
2. Committee Name D/=	'A A \	.\%		70	, N	66/804
z. Committee Name	47	$\Delta \Pi$		<u>05K</u>	J	,

Enter contributor's name and address. If contribute 2. Committee Name DEANNA KOSKI
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, committee (PAC) Report all contributions regardless of amount.  7. Cumulative for Election Cycle Contribution # 1  9. Contribution # 1  9. Amount  7. Cumulative for Election Cycle Contribution (The date of receipt)
Name & Address:
JUNCEVIC DED
S2756 BIVERIDGE DR
SHEIBY MI 48316  5. If over \$100.00 cumulative, please provide:  \$ 500.55
Countries SELE
Occupation SEIF Employer UTICA VANDYKE TOWING
Business Address 13500 UFICA SH
Type of Contribution: Direct Loan from a person Fund Raiser
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-26-2
JUNCEVIC ROKO
Carle Dia-On
52756 BIVERIDGE DR , 500.00 , 500
SHE/BY MI 48316  5. If over \$100,00 cumulative, please provide:
Occupation DWNER Employer UTICA V.D. TOWING
Business Address F33CC UTICA 3H
Type of Contribution: Direct Loan from a person Fund Raiser
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt $S-11-21$
LEHMAN PATRICIA
11165 LAUREL \$ 40.00 \$ 40.00
5. If over \$100.00 cumulative, please provide: M, 48313
5. If over \$100.00 cumulative, please provide:
OccupationEmployer
Business Address
Type of Contribution: Direct Loan from a person Fund Raiser
Contribution # 4 PAC Receipt? YES 4. Date of Receipt $Z - JZ - 2J$
MOCERI DOMINIC
3005 UNIVERSITY 1200 CO
AUBURN HIIIS MI 48326 \$1000.  If over \$100.00 cumulative, please provide:
Occupation DEV - SE/f Employer MOCER)
usiness Address 3805 UNINERSITY AUBURN HILLS
Type of Contribution: Direct Loan from a person Fund Raiser
Page Subtotal 2040, 20

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

Enter this total on line 3a of Summary Page.

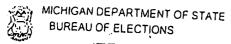


### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 69954-50

Enler contributor's and an analysis		2. Commillee Name	DEANNA K	OSKI REELECT
Enter contributor's name and address. If middle initial. Check box to indicate if con Committee (PAC) Report all contributions  3. Contribution # 1 PAC Receipt?	regardless of amount	lividual, enter last name, first nan loommittee or an Independent	j	7. Cumulative for Election Cycle for Ea Confributor (Through date of receipt)
Name & Address:  SHERING HEIGH  LOCAL 1557  38911 VAN DYKE  5. It over \$100.00 cumulative, please prov	SH. MI	グルインス さっこくい	N	1000°
Occupation	Employer			
Business Address			_	
Type of Contribution: A Direct	Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt?  Name & Address	YES 4. Date of	Receipt 8-19-3	21	
INKS NATHA	N		<b>L</b>	
STERING HTS "	11 4831	<u> </u>	s 500 G	\$ 500.
5. If over จาบบ.อบ cumulative, please provide				
Occupation LAW CLEAK =	- Michia	AN SUDREME	Ct	
Business Address 30.34 W. C	PRANT BA	The state	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Direct	l non for-		×03-	
3. Contribution #3 PAC Receipt? V Name & Address:  MICHIGAN LABOR  1118 CENTENNI  LANSING MI  5. If over \$100.00 cumulative, please provide:	AL WAY 48919	+100 LEAG	s 1000,00	s/000.
One made	mployer_	•		At .
Business Address	присует		-30	
Type of Contribution: Direct L	oan from a person	Fund Raiser		
. Contribution # 4 PAC Receipt?	YES 4. Date of Re			
ame & Address		0-20-21		
LUKASIK MICH 3464 DAVIDOFF SHERLING HTS	DR M1 4831	<i>)</i>	. 47 œ	1/2 -
If over \$100.00 cumulative, please provide:	,		£ / U/	s
rcunation	mployer		•	
rsiness Address				
VDe of Contribution				
- Direct Los	an from a person	Fund Raiser		
		Page Subiotal	2540,5	
	Gra	Ind Total of All Schedules 14		

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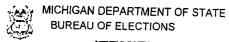
### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

### CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

Solor contribute 1	DE DEANNA 1	COSKINDER
Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independence (PAC) Report all contributions regardless of amount.	name, 6. Amount	7. Cumulative for Election Cycle for E Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt X - 26).		date of receipt)
PARKER GEORGE 13899 BROUGHAM DR STERLING HT= MI 48312	<u> </u>	· 50
5. If over \$100.00 cumulative, please provide:  Occupation Employer	<u>,                                    </u>	
Business Address	<del></del>	
Type of Contribution: Direct		
Coan from a person Fund Poisson	<del></del>	
3. Contribution #2 Name & Address  SHERING HEIGHTS POLICE OFFICE		
40833 DODGE PARK STERING HTS MI 48313 5. If over \$100.00 cumulative, please provide:	s 250.	s_250,"
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	, <b></b>	
3. Contribution # 3 PAC Receipt 2	1	
Name & Address:  KASZUBSKI LAURA  1096 BROMPTON  ROCHESTER HIUS MI 48309  i. If over \$100.00 cumulative, please provide:	s 40,00	s_40,-
OccupationEmployer	-10	A.
ype of Contribution: V Direct Loan from a		
Econ mun a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 8-23-2	71	
GAMO TONY 6303 - 26 MILE #200 WASHING TON M, 48094 Hover \$100.00 cumulative, please provide:	, 500, 00	s .500, -
ccupation DEV Employer SELF		
ype of Contribution: Direct Loan from a person Fund Raiser	48094	
	01/2 60	
Page Subiotal	840:	
Grand Total of All Schedules 1A	1	

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# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

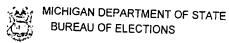
### CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50
Committee New DOCAGANA TEE TERE!

line 3a of Summary

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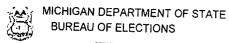
	2/1/-/0/1	1/6/3/
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/18/21  Name & Address: Luke Bonner  4875 Sawgrass W	-	date of receipt)
Ann Arbor, MI. 48108	<sub>\$</sub> 200	s 200,
5. If over \$100.00 cumulative, please provide:  Occupation CEO  Employer Bonner Advisory Group	Click Here t	for Memo Itemization
Occupation CEO Employer Bonner Advisory Group  Business Address 4875 Sawgrass W Ann Arbor, MI. 48108		of World Remization
Type of Contribution		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/18/21	<del>-</del>	
Name & Address		
Paul Calmi 51771 West End Dr Shelby Twp., Ml. 48315	<u>\$ 100</u>	s_100,
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Not Employed Employer	Short forcing	Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/18/21		
Gerald Rowe 42609 Jason Ct Sterling Heights, Ml. 48313	<sub>\$</sub> 40	s 40.
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Retired Employer		
Business Address  Type of Contribution: Direct Loan from a person		
Contribution # 4 PAGE 112 T		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/18/21  Ashley Steffen		
6206 Beechfield Dr Lansing, Ml. 48910	<sub>\$</sub> 25	, 35,
5. If over \$100.00 cumulative, please provide:		9
Occupation Writer Employer MI Protection and Adv Services	Click Here for	Memo Itemization
Business Address 4095 Legacy Parkway Ste. 500 Lansing, Ml. 48911		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Page Subtotal	\$365.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
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# CANDIDATE COMMITTEE

1 Committee I.D. Number 69954-50
Committee Name DEANNA KOSKI

Enter contributor's name and address. If you will be	CH RICH	702/1
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.  3. Contribution # 1  PAC Receipt 2  PAC Receipt 3	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: 4. Date of Receipt 08/18/21 Timothy Zollner 54421 Iroquois Ln		date of receipt)
Shelby Twp.,MI. 48315	<sub>\$</sub> 20	s 20,
5. If over \$100.00 cumulative, please provide: Occupation Engineer Paslin	Click Horo	for Many July 1
Occupation Engineer Employer Paslin  Business Address 54421 Iroquios Ln Shelby Twp, MI.48315	Olick Here	for Memo Itemization
Type of Contribution: Direct		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/18/21		
Nick Najjar	-	
436 Mayapple Rochester, Ml. 48307	<sub>s</sub> 100	s/00.
5. If over \$100.00 cumulative, please provide:	Click Here t	or Memo Itemization
Occupation Self Employer	Olicit Here i	of Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3 Contribution # 3 PAC Receipt? YES 4 Date of Receipt 08/18/21		
Thomas Slowik 15201 Peggy Ct Sterling Heights, MI. 48312	<sub>\$</sub> 20	s.70.
5. If over \$100.00 cumulative, please provide:	Click Hara to	* A4a II
Occupation Retired Employer	Olick Hele IO	r Memo Itemization 🔻
Business Address  Type of Contribution: Direct Loan from a person Fund Paiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/18/21		
Leon Kniaz 14016 Pernell		
Sterling Heights, MI. 48313	<sub>\$</sub> 20	20.
5. If over \$100.00 cumulative, please provide:		3
Occupation Tradesman Employer Sheetmentl Workers L80	Click Here for	Memo Itemization ▼
Business Address 17100 W. 12 Mile Rd Southfield, MI. 48076		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$160.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
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#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

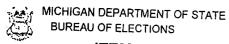
#### CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

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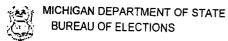
2. Committee Name D	EANNA	KUSKI
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/18/21  Name & Address: SMW-L80 17100 12 Mile Rd		date of receipt)
Southfield, MI. 48076	,250	752
5. If over \$100.00 cumulative, please provide:	\$ <u>200</u>	<u>\$300;</u>
Occupation Employer	Click Here	for Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/18/21  Name & Address		
George Eschenberg		
11739 Wheaton Sterling Heights, MI. 48313	<u>\$40</u>	s 40,
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Tech Support Employer CareTech Solutions	Short Field It	or Memo Remization
Business Address 0843270 W. Big Beaver Troy, MI. 48		
Type of Contribution: Direct Loan from a person Fund Raiser		
3 Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/18/21 Stephen Pangori 8106 Rosebud Ln Clarkston, MI. 48348	<u>\$</u> 200	s 200,
5. If over \$100.00 cumulative, please provide:	Click Hero for	r Mama Itaminatia.
Occupation Manager Employer AEW	Olick Flere lo	r Memo Itemization ▼
Business Address 51301 Schoenherr Rd Shelby Twp, MI 48315		
Type of Contribution: Direct Loan from a person Fund Raiser		
S. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/18/21  VALUE OF RECEIPT VES 4. Date of Receipt 08/18/21  VALUE OF RECEIPT VES 4. Date of Receipt 08/18/21		
Washington Twp. Ml. 48094	<sub>\$</sub> 20	,20,
5. If over \$100.00 cumulative, please provide:		
Occupation Retired Employer	Click Here for	Memo Itemization ▼
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$510.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page of	Enter this total on line 3a of Summary	-



## CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50
Committee Name DEANNA KOSKI

middle initial. Check box to indicate 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 4 Date of Receipt 08/18/21  Clark Andrews 53985 Sutherland Ln  Shelby Twp.,MI 48316	<sub>s</sub> 20	120.
5. If over \$100.00 cumulative, please provide:	· · · · · · · · · · · · · · · · · · ·	
Occupation Attorney Employer Oreilly Rancillio	Click Here f	or Memo Itemization
Business Address 12900 Hall Rd Sterling Heights, MI. 48313		
Type of Contribution: Direct Loan from a person		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/18/21		
Gary Kolartz 33626 Schoenherr Sterling Heights, MI. 48312	<sub>\$</sub> _150	s /50,
5. If over \$100.00 cumulative, please provide:  Occupation Self Employer ROGERS REOS+	Click Here fo	r Memo Itemization
Business Address: 33626 SCHOENHERR S.H.		
Type of Contribution Direct		
2. Coataile to all a		
Name & Address:  Phyllis Bourgois 4500 Dobry  Sterling Heights, MI. 48314	<u>\$</u> 20	s 20,
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization ▼
0	Office (i)	Wellio itemization
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/18/21		
John Bologna 19135 Saxon Dr.		
Beverly Hills MI. 48025	<sub>\$</sub> 50	.50.
5. If over \$100.00 cumulative, please provide:		3
Occupation Self Employer	Click Here for I	Memo Itemization ▼
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
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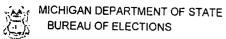
### CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

Committee Name DEANNA KOSKI

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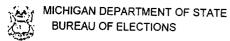
Enter contributor's name and address. If contribution is from an individual, enter last name, first n middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/18/21	date of receipt)
Gary Sakwa	<del></del>
5130 Deep Wood Rd	
Bloomfield Hills, MI. 48302	\$500 \$500,
5. If over \$100.00 cumulative, please provide:	
Occupation Self Employer SAAND/SAKWH TREP	Click Here for Memo Itemization
Business Address = 28470 - 13 MIE FARMINGTON HIL	\s_
Type of Contribution: Direct Loan from a person Fund Raiser	_
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/18/21 Name & Address	
Michael MacDonald	
18890 San Quentin Dr Lathrup Village, MI. 48076	\$ 150 \$ 150,
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Engineer Employer HRC	Olick Fiele for Memo Remization
Business Address 555 Hulet Dr Bloomfield Hills, MI 48302	
Type of Contribution: Direct Loan from a person V Fund Raiser	-
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/18/21	
David Peckhem	
42217 Arcadia	§ 50
Sterling Heights, MI. 48313	\$ 50, *
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization ▼
Occupation Retired Employer	
Business Address	_
Type of Contribution: Direct Loan from a person Fund Raiser	•
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/18/21  Name & Address	
Jozef Srodek	
2773 Norwalk Hamtramck, Ml. 48	\$50 \$ <i>50.</i> —
5. If over \$100.00 cumulative, please provide:	
Occupation President Employer Srodeks Quality Sausage	Click Here for Memo Itemization
Business Address 9601 Joseph CampeauHamtramck, MI. 48212	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Sul	btotal \$750.00
Grand Total of All Schedule	s 1A
(Complete on last page of Sche	Enter this total on
Page of	line 3a of Summary Page



### CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50
COMMITTEE TO REELECT
2. Committee Name DEADNA ROSKI

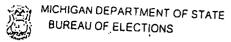
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount	7. Cumulative for
Committee (PAC) Report all contributions regardless of amount.		Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/18/21  Name & Address: Robert Wilcox	-	date of receipt)
13983 Diversion Sterling Heights, MI. 483112	20	20-
	<u>\$20</u>	$s \neq 0$ ,
5. If over \$100.00 cumulative, please provide:  Occupation Retired Employer	Click Here for	or Memo Itemization
		البحيا
Type of Contribution: Direct Loan from a person Fund Raiser		
Zediniem a person V Trana Naise		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/18/21 Name & Address		
Nancy Duemling		
20776 Moxon Dr	<sub>\$</sub> 20	,20,
Clinton Twp, MI. 48036		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Retired Employer		44444
Business Address		
Type of Contribution: Direct Loan from a person		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/18/21		
William Froling		
5440 Brookdale Rd Bloomfield Hills, MI. 48304	<sub>\$</sub> 125	. 125
2.551111.5td 1 1111.5, 1411. 40504		375.
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization ▼
Occupation Owner Employer Titan Construction		
Business Address 3715 15 Mile rd. Sterling Heights, MI. 48310		
Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/18/21  Name & Address		
James McNulty		
5065 Bayleaf Dr	<b>,</b> 40	40 -
Sterling Heights, MI. 48314 5. If over \$100.00 cumulative, please provide:	\$	\$_ <i>FC</i> ,
	Click Here for	Memo Itemization ▼
Occupation Retired Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$205.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page of	line 3a of Summary Page.	



#### CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50
Committee Name 175414 A KASK

		_	2. Committee Warrie	Estimation V C	2 K
Enter contributor's nam middle initial. Check b Committee (PAC) Repo	ox to indicate if co	ntriț	tribution is from an individual, enter last name, first name, ution is from a Political Committee or an Independent gardless of amount.	6. Amount	7 Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 Name & Address: Matthew Ratliff 50323 Oxford Macomb Twp., N	PAC Receipt	? [	YES 4. Date of Receipt <u>08/18/21</u>	<sub>s</sub> 40	date of receipt)
5. If over \$100.00 cum	ulative, please pr	ovi	de:		
Occupation Retired			Employer	Click Here for	or Memo Itemization 🔻
Business Address	<del></del>	_			
Type of Contribution:	Direct		Loan from a person Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Receipt <u>08/18/21</u>		
Dana Gire					
37567 Radde St Clinton Twp., MI				<u>\$</u> 20	s20,
5. If over \$100.00 cumu	ılative, please pro	ovid	e:	Clink How to	
Occupation Retired			mployer	Click Here to	r Memo Itemization ▼
Business Address					
Type of Contribution:	Direct		Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: John Tangalos 43455 Schoenhe Sterling Heights, 5. If over \$100.00 cumu	MI. 48313	 bvid	YES 4. Date of Receipt <u>08/18/21</u>	\$20 Click Here for	s <u>JO</u> ,
Occupation Retired		_	Employer		
Business Address	7	_			
Type of Contribution:	Direct		Loan from a person 🗸 Fund Raiser		
<ol> <li>Contribution # 4</li> <li>Name &amp; Address</li> </ol>	PAC Receipt?	L	YES 4. Date of Receipt		
5. If over \$100.00 cumul	ative, please pro	vid:	e: Employer	\$Click Here for	\$ Memo Itemization ▼
Business Address					
Type of Contribution:	Direct		Loan from a person Fund Raiser		
L.			Page Subtotal	#00.00	
Page of			Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
·				Page.	



# CANDIDATE COMMITTEE

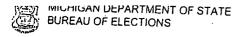
1. Committee I.D. Number 69954-50

Committee, To REELET

3. Contribution # 4  Name & Address	PAC Receipt?	YES 4. Date of R			·
Type of Contribution:	Direct	Loan from a person	Fund Raiser		• •
Business Address		Employer		- 18.00	
Occupation					Zi.
5. If over \$100.00 cun	nulativa, nlassa ass	vido.			<u></u>
				\$	\$
				<del></del>	
Name & Address:	PAC Receipt?	YES 4. Date of	Receipt		
3. Contribution # 3		Loan from a person	Fund Raiser		
Type of Contribution:			ND NUX	8010	
Business Address		_ Employer _ WETE		_	
Occupation	•	rovide: Employer_ <i>WE1:</i>	SS PROD		
5. If over \$100,00 c	Umulative older	K , /// / 0 ·	- <b>.</b>	\$ <u></u>	_ 3300,
300		ARVEY DOODWARE K, 1111 480	) 293	s 250	\$ 250.
WEI	SS. H	ARVEY			
Name & Address		2010 0	Receipt 8-23	-21	
3. Contribution #2	PAC Receipt	Coan from a person YES 4. Date of			
Type of Contribution				·····	
Business Address		Employer	-/ -	<del></del>	
1	- Piouse	Employer SE			
5. If over \$100.00	リハ(ら 作) ル cumulative, please	Provides		\$ 100.	s/00.
700	NOD	LICOPUNITION	L) V, 209	1 mm 3	(محيوم
DENI	HA, KE				
Traine & Address:	PAC Rece	eipt? YES 4. Date	of Receipt 8-13	-31	date of receipt)
<ol> <li>Contribution to Name &amp; Address:</li> </ol>					Contributor (Through

(Complete on last page of Schedule)

Enter this total on Ilne 3a of Summary Page.



### ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

I EMIZED EXPENDITURES		
SCHEDULE 1B	1. Committee I. D. Number <u>69954-56</u>	
CANDIDATE COMMITTEE	2. Committee Name Committee Toke Elect DEA	wan Keski
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date	6. Amount
Expenditure #1	, , , , , ,	o. Amount
Name ROGERS Koost	50%	21 ,236,3
33626 JOHOENHERR SHERLING HTS M, 48312	Purpose: TIZZH AIAD Date  SODA  Date	<u> </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2		<del></del>
Name		
Address	Purpose: Date	\$
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name		}
Address	Purpose: Date	\$
Fund Raiser  Expenditure #4	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Name		
/	A**	1
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	Check box if this expenditure is payment of debt or obligation reported on previous statement	
	Subtotal this page	13/30
	Grand Total of all Schedules 1B	20

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

2. Committee Name Committee to REELECT DEALUA KOSKI

"owed to" of the Summary Page

THE SHADING THE		- 10/100/04	JEANNY!	1/03/1
This Schedule itemizes:		·		
a. Debts and obligations owed by or forgiven the committee (Check eithe	OR b. Debt er a or b. Use only for the pu	s and obligations owed <u>to</u> c prose checked.)	or forgiven <u>by</u> the c	committee.
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 business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	ype of Obligation scription) dicate date debt was curred dicate original amount debt	7. 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)
DEANNA KOSKI 15079 HARVEST MEADOWS 5. Day	te Debt Was Incurred: 5 - 24-99 iginal Amount of Debt:	\$ \$ \$	\$	s <u>241,</u> 29
If bank loan, name of endorser or guarantor:	<u> </u>	\$		FORGIVEN
Debt #2 Corp? Yes		Amo	unt Endorsed: \$ _	
DEANNA KOSKI 15079 HARVEST MEADOWS 6 CLEDING HTS M. 48313 6. Origi	e: D.L. C.  e Debt Was Incurred:  - 4-79  ginal Amount of Debt:  - 4 12	\$ \$ \$ \$ \$ \$ Amo	\$unt Endorsed: \$_	\$664.13 FORGIVEN
15079 HARVEST MEADOWS 2. STERLING HTS MI 48313 5	Debt Was Incurred:  16-99  inal Amount of Debt:  95,60	\$ \$ \$ \$	\$	\$ <u>595.00</u> FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$	İ
(Complete on	n last page of Schedule show	Page Subtotal (O	utstanding debt)	1500.13
A debt or obligation must be shown on this Schedule if there this Campaign Statement or it was forgiven during the period	was an outstanding amou	unt owed on it at the closi	ng date of	Enter this total on line 12a "owed by"" or line 12b "owed to" of the

this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



CANDIDATE COMMITTEE

1. Committee 1.D. Number 69954-50

2. Committee Name Committee to REELECT DEADDA KOSKI

This Schedule itemizes:	E 10 NECIEU	JEANNA	Koski
a. Debts and obligations owed by or forgiven the committee OR b. Deb	ets and obligations owed to	or forgiven by the c	nmmillee
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 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	orpose checked.)  7. 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)
Debt #1 Owed to or by:  DEANNA KOSK  15079 HARVEST MEADOWS  STERLING HTS, MI 483/3  6. Original Amount of Debt:  8.337, CE  If bank loan, name of endorser or guarantor:	\$ \$ \$ \$	\$	\$ 337.00 FORGIVEN
Debt #2 Corp? Yes	Amo	unt Endorsed: \$	
Owed to or by:  DEANNA KOSKI  15079 HARVEST MEADOWS  STERLING HTS MI 48313  6. Original Amount of Debt:  \$\frac{385}{81}\$	\$ \$ \$	\$	\$85,81
If bank loan, name of endorser or guarantor:	<u> </u>		FORGIVEN
DEANNA KOSKI S. Date Debt Was Incurred:  JEANNA KOSKI S. Date Debt Was Incurred:  JEANNA HARVEST MEADOWS 6. Original Amount of Debt:  STERLING HTS MI 48313  S. DOC. CO. S. Doctor Debt:  S. JOO. CO. S. D. C. D.	\$ \$ \$ \$ \$ \$ \$	unt Endorsed: \$	900. TE
f bank loan, name of endorser or guarantor:	\$		FORGIVEN
	Amou	nt Endorsed: \$	
(Complete on last page of Schedule show	Page Subtotal (Ou Grand Total of al ing amounts owed by or to	·	1/22,81
debt or obligation must be shown on this Schedule if there was an outstanding amount discussed in the contract of it was forgiven during the period covered by this Campaign		Er on by	nter this total I line 12a "owed" " or line 12b wed to" of the

Summary Page

Page \_\_\_\_\_ of \_\_\_

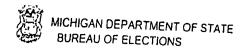


CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

2. Committee Name Committee to REELECT DEADDA KOSKI

a. VDebts and obligations owed by or forgiven the committee  (Check either a or b. Use only for the purpose checked.)  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 business. If debt is a bank loan, please provide information regarding the endorsers or quarantors, if any.  Debt #1 Corp? Yes  JEANNA KOSK   1. June 10 Corp? Yes  Owed to or by:  DEANNA KOSK   1. June 10 Corp? Yes  1. Date Debt #2 Corp? Yes  Owed to or by:  DEANNA KOSK   1. June 10 Corp? Yes  4. Type: C S S S S S S S S S S S S S S S S S S
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  4. Type of Obligation (Description)  5. Indicate date debt was incurred information regarding the endorsers or guarantors; if any.  Debt #1 Corp? Yes  Owed to or by:  DEANNA KOSK STERLING HTS, MI 483/3  If bank loan, name of endorser or guarantor:  Debt #2 Corp? Yes Owed to or by:  DEANNA KOSK STERLING HTS, MI 483/3  If bank loan, name of endorser or guarantor:  DEANNA KOSK STERLING HTS, MI 483/3  Amount Endorsed: \$  S. Date Debt Was Incurred:  S. Date Debt Was In
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 business. If debt is a bank loan, please provide information regarding the endorsers or guarantor; if any.  Debt #1
Owed to or by:  DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS, MI 48313 6. Original Amount of Debt:  STAP9 58  If bank loan, name of endorser or guarantor:  DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313 6. Original Amount of Debt:  STAP9 58  FORGIVE  If bank loan, name of endorser or guarantor:  Debt #3 Corp? Yes  Owed to or by:  14. Type: ANDY - TRAAT  Amount Endorsed: STAPSC  STAP9 58  ST
STATION   STAT
Debt #2 Corp? Yes Owed to or by:  DEANNA KOSKI  S. Date Debt Was Incurred:  SHERLING HTS M, 483K3  6. Original Amount of Debt:  SHERLING HTS M, 483K3  STERLING
Owed to or by:  DEANNA KOSKI  ISO 79 HARVEST MEADOWS  S. Date Debt Was Incurred:  S. Debt Was Incur
DEANNA KOSKI 15079 HARVEST MEADOWS 5. Date Debt Was Incurred: 10-17-09 5. Date Debt Was Incurred: 10-17-09 5. Date Debt Was Incurred: 5. Debt Was
Debt #3 Corp? Yes
Debt #3 Corp? Yes  Owed to or by:  Amount Endorsed: \$  4. Type: ADDY - TG1-AT
STERING HTS MI 48313 6. Original Amount of Debt:   \$ 109:
f bank loan, name of endorser or guarantor;\$
Amount Endorsed: \$
Page Subtotal (Outstanding debt) 1345,2
(Complete on last page of Schedule showing amounts owed by or to the committee)
debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "owed to" of the Summary Page



CANDIDATE	COMMITT	EE
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1. Committee I.D. Number 69954-50

2. Committee Name Committee to REELECT DEANNA KOSKI

This Schedule itemizes:			- DETINIH	NOSKL
a. Debts and obligations owed by or forgiven the committee	e OR h Dabie			
(Check eit)	e OR b. Debts her a or b. Use only for the pu	s and obligations owed <u>to</u> o	r forgiven <u>by</u> the co	mmittee.
financial institution to whom debt is owed.  (De	Type of Obligation	Date and amount of each payment	8. Cumulative	9. Outstanding
incorporated business. If debt is owed to an	Indicate date debt was	obar payment	payment to date on debt	Balance at close of this period
provide information regarding the and arrays 6. I	ndicate original amount			(Item 6 minus
godiantors, ii any.				Item 8)
Owed to or by:	ypa OSF FR			
DEANNA KOSKY		<u>\$</u>		
	ate Debt Was Incurred:	\$		
Sterling Hts, MI 48313 5	-15-13	\$		705
6. 0	riginal Amount of Debt:	•	s	s 33/,
\$	331/100			505000
If bank loan, name of endorser or guarantor:	· -	<u> </u>	1	FORGIVEN
Debt #2 Corp? Yes Owed to or by: 7	CL ST ED T	Amour	nt Endorsed: \$	
TOGONATA KOSKI	pe: Cost FR	\$		
15079 HARVEST MEADOWS	e Debt Was Incurred:	\$		1
	ginal Amount of Debt:	•		96
SPERING ITIS INT 7000	9.1 The	<sub>9</sub>	s   s	672.
3	101	<del></del>	_	5050
If bank loan, name of endorser or guarantor:	-	\$		FORGIVEN
Debt #3 Corp? Yes Owed to or by:	Cost FR	Amour	nt Endorsed: \$	
4. Type		\$		
DEANNA KOSKI S. Date	Debt Was Incurred:	\$		
	-24-19	<b>.</b>		
StERING HTS MI 48313 6. Origi	inal Amount of Debt:		\$ .	250,59
\$	(00,=	<u> </u>		
If bank loan, name of endorser or guarantor:		\$		FORGIVEN
J. goddinor.		Amount	Endorsed: \$_	
			1	
		Page Subtotal (Outs	tanding debt)	30,01
(Complete on	last page of Schedule showing	Grand Total of all S g amounts owed by or to th	Schedules 1E e committee)	248,20
A debt or obligation —			<del></del>	er this total ine 12a "owed
A debt or obligation must be shown on this Schedule if there w this Campaign Statement or it was forgiven during the period o	vas an outstanding amount	owed on it at the closing	date of "	or line 12b
	Torried by this Campaign S	tatement.		ed to" of the mary Page
Page of				, -3*

1. Committee I.D. Number	6995	54-	50
2. Committee Name DEF	MNA	KOS	ElECT

CANDIDATE CO	OMMITTEE	COMMITTEE	
		ommittee Name DEANNA	Koski
		HEET FOR EACH EVENT	•
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was held
08/18/21	g, cato.)		Rogers Roost
	28	Pizza Dinner	33626 Schoenherr Sterling Heights 48312 Private Residence
7. Total Contributions	\$4,620.00		
8. Other Receipts	\$0.00		
9. Gross Receipts (Add lines 7	sand 8) \$4,620.00		
<ol> <li>Total Cost of Event (Total Cost includes In-Kind Co</li> </ol>	\$472.60  ntributions and All Expenditure	es Made For the Events	
	int fund raiser and complete th		
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)
CTE HENRY YAN	50 <u>50</u>		50
		<del></del>	
		<del></del>	

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.