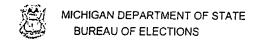
# CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE	=			OF TOTAL USE ONLY
Report must be legible, typed or printed in int the treasurer (or designated record keeper) a	k and signed by and candidate.	3. This Statement covers f	rom: 8.24.11	10-10 11
1. Committee I.D. Number		4. Candidate Last Name	First Na	to 10-11-21
69954-50		Koski	DEAL	ANG
2. Committee Name COMMITTEE TOREELEAT		4a. Office Sought Including	District # or Community Se	rved (If applicable)
DEANNA KOSKI		4b. County of Residence	MACOMB	
5. Committee's Mailing Address 15079 HARVEST ME	ATTIO	6. Treasurer's Name & Res	sidential Address	
		DEANNA K	OSKI.	
SPERIING 1113 (11)	48313	16079 110	RULEST (IE	100MZ
Area Code and Phone Shows a different from the company of the address in this box is different from the company of the control		STERLING	Hts Mi	48313
be sent to this address by the filing official.	on, mail may	Area Code & Phone 58	4 56623	<i>රි</i> පි
7. Treasurer's Business Address	Ari - 3 -	Designated Record keep Designated Record keeper	er's Name and Mailing Addr	ress (If the committee has a
15099 HARVEST ME STENLING HTS MI	HDOWS	o was viscous neeper)		
sterling Hts Mi	48313			
Area Code and Phone 586 566 23	85			
9. TYPE OF STATEMENT		Area Code and Phone		
9a. Pre-Election OR 9b. Post-Election	Required ONL	Y if candidate	9e.	
1	Current year:	allot for the	By checking this item by the committee to the	n I/We certify any outstanding debt
Pre-Election or Post-Election Statement relates to Primary	: July Quarter	riy	the committee. The comm	andidate or his or her spouse is here en, and no longer collectible from mittee has no oustanding assets.
General	October Qui	arterly	owes no lates fees or has	any oustanding debt.
Convention			Further, if the dissolution of considered a request for the	cannot be granted, that this be
Special	9c.			to reporting waiver.
School	Annual	Coverage Year	Effective date of	dissolution
Caucus	9d. Amenda	nent to Campaign Statement		
	indicate amended	te Item 9a, 9b, 9c or 9e to which Statement is being	Note: The disposition of re	sidual funds must be reported on
Date of Election, Convention or Caucus	Linenged	· <i>,</i>	Schedule 1B and the Sumi	mary Page.
11-2-21				
0. Verification: I/We certify that all				
Verification: I/We certify that all reasonable diligency/our knowledge and belief the contents are true, and the contents are true.	ence was used in the accurate and comp	ne preparation of this stateme	nt and attached schedules (	(if any) and to the best of
Designated Record keeper DEAN NA	Lack 1	1	$I/I_{2}$	
Type or Print Name	VSVII	Signature	Date	10-20-21
Candidate DEANIDA KOSK		0 4 4 4 4	As'	10-20-21
Type or Print Name		Signature	Date /	10-20-21
Authority granted under P.A. 388 of 1976		3		

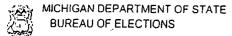


**SUMMARY PAGE CANDIDATE COMMITTEE**  1. Committee I.D. Number 69954-50

COMMITTEE TOREETECT

2. Committee Name DEAN NA KOSKI

RECEIPTS	Column I	Caluma !!
3. Contributions	This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$/325, 80	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$ 13655,00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1325.</u>	(20.) \$ 13655,00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	19	
a. Itemized (Schedule 18, Column 6)	(8a.) \$ 10 907. <b>12</b>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	10 10 20
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) s 10 907, 22	(23.) \$ 13 120, 98
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(108.)	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11) 5	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 6248, 20	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	BALANCE STATEMENT  (13.) $\frac{13048.53}{14.}$ (14.) + $\frac{1325}{14373.53}$ (16.) - $\frac{14373.53}{16.}$ (17.) $\frac{10907.23}{16.31}$	
<del></del>		



#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

Committee Name DEANNA KOSKI 2. Committee Name DEANN

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 4. Date of Receipt 9-4-21		
9HI/10 RUGGERI. 55764 St REGIS SHELBY MI 483/3 5. If over \$100.00 cumulative, please provide:	s 125°	3 , 125,
Occupation ATTY Employer SE/+		
Business Address 43231 SCHOENHERR SH MI 483	B	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-15-3		
TONY GAILD 6303 - 26 MILE WASHINGTON MI 48094	4-000	
6303 - 26 MILE 48094	s 250.	, 250,
5. If over \$100.00 cumulative, please provide:	•	
Occupation DEV/B/DR Employer SE/F		
Occupation	48313	
Total Court is a second of the	/, <del>-</del>	
Count not a person in a discrete	r.	
Name & Address:		
ALAN CASMERE		_
33400 MANE LANE STERLING HTS MI 48315 5. If over \$100.00 cumulative, please provide:	\$ 100,00	s 100.
Occupation Employer	eà.	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-29-34		·
CITIZENS FOR HONEST GOVERNMENT	•	
12955 23 MILE, MI 48315	\$500.00	s_500.
. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	975,4	-

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

Enter this total on line 3a of Summary Page.

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

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 69954-50

Committee Name DEANANA KOST REELEGT

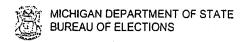
2. Committee Narge DE	ANNA	KOSKI
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.  3. Contribution # 1 PAC Receipt?	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:  ### Address:	\$ <u>/00</u>	500, /
3. Contribution #2  Name & Address  ROBERT HINDMAN  34895 GROES BECK HWY  CINTON TWP M: 48035  5. If over \$100.00 cumulative, please provide:  Business Address  Business Address	s <u>/00</u>	, 00° s 10°°./
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #3 PAC Receipt? YES 4. Date of Receipt / 2 - 10 - 2  WALT CUETER  #3/81 SCHOEN HERR, SH, M, 483/3  If over \$100.00 cumulative, please provide:  Occupation Employer  usiness Address		5 100,
ype of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10-8-21  FRIENDS OF NATE SHANNON  43313 INTERLAKEN DR, 5H. 48313	50,0	€ <u>50,</u>
If over \$100.00 cumulative, please provide:	•	· .
ccupationEmployer		
usiness Address		
ype of Contribution: Direct Loan from a person Fund Raiser		
	OCT 1	TD

Page Subtotal

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

350,00 1325,00

Enter this total on line 3a of Summary Page.



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 69954-50

T. COMMINGE I. D. HUMBE	hori I	_					
_	• ,	•					<del></del>
2. Committee Name Comm	4		TD.F.	11	7-2000	Ù	/K
2. Committee Name L€ MM	ILE		UKEE	<i>IECT</i>	DEANNA	Δ	<u>וכט</u>

	Committee Name C P/P 11 C CONC. STEEL		17 110011
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name WHITLOCK BUSINESS SYSTEMS Address ADISON HTS MI 48091	Purpose: LABEIS	8/36/2) Date	s <u>21,2</u> 0
Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name C4G NEWSPAPER Address 13650-11 MILE WARREN MI 48089	Purpose: ADS	9-14-21 Date	s 744 16
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name MASS MAILING Address 35468 MOUND Rd S.H. M. 48310	Purpose: MAI/ING	9-29-2) Date	s 1301,21
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name Cof ONEWSPAPER  Address 13650 - 11 MILE  WARREN MI 48089	Purpose: ADS  Check box if this expenditure is payment of	<u>/</u> のイース) Date	\$ <u>4/0, </u>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5  Name AMERICAN GRAPHICS  Address 34895 GROES BECK  CLINTON TWP, MI 48035	Purpose: PRINT, ART, DEINE  Check box if this expenditure is payment of debt or obligation reported on previous statement	10-8-21 R Date	\$ 535, b
		al this page	3005,17
	Grand Total of all S (Complete on last page	!	

Enter this total on line 8a of Summary Page



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 69954-50

2. Committee Name Committee TOREELECT DEANNA KOSKI

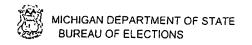
	Committee Name Civil (1) ERECIECT	<del></del> -	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name US POSTA/ SERVICE Address 7007 - 16 MI/E SH. MI 48311	Purpose: Stamps	19-19-21 Date	s 40,00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		<u>.</u>
Name SAWICKI + SONS  Address / SQI W. LAFAYETTE  DETROIT MI	Purpose: 51GNS	7-15-21 Date	s <u>235</u> , <b>35</b>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	10000	
Name THE HOME DEPOT  Address 37000 VAN DYKE  5 H MI 48312	Purpose: Pasts for SIGNS	9-29-2 Date	1, 34.65
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name COMERICA BANK  Address  DETROIT, MI	Purpose: REORDER CHECKS	0-14-21 Date	s <u>71,3</u> 6
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name AMERICAN GRAPHICS  Address  BY895 GROESBECK  Clinton Tug, M. 48035	Purpose: PRINT & MAIL.  Check box if this expenditure is payment of debt or obligation reported on a paying.	1-14.21 Date	\$ 1520;
Fund Raiser	debt or obligation reported on previous statement	this page	1902 83

Subtotal this page

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

1902.02

Enter this total on line 8a of Summary Page



CANDIDATE COMMITTEE

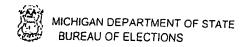
1. Committee I.D. Number 69954-50

2. Committee Name Committee to REELECT DEANNA KOSKI

This Schedule itemizes:				
a. Debts and obligations owed by or forgiven the com	mittee OR b. Deb ck either a or b. Use only for the p	ts and obligations owed to	or 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 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	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)
Debl #1 Owed to or by:  DEANNA KOSK 15079 HARVEST MEADOWS STERLING HTS, MI 48313	4. Type: NCC  5. Date Debt Was Incurred:  5-24-99  6. Original Amount of Debt:  \$241,000	\$ \$ \$ .\$	\$	\$ <u>241, 25</u> FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
DEANNA KOSKI DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS M. 48313	4. Type: Debt Was Incurred: 6 = 4 - 99 6. Original Amount of Debt: 5 6 4 13	\$ \$ \$ \$ \$	\$	SEBY 3
If bank loan, name of endorser or guarantor:  Debt #3		Am	ount Endorsed: \$	
DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: FO  5. Date Debt Was Incurred: 2-16-99  6. Original Amount of Debt:  \$575, \$60	\$	\$	\$ <u>595,</u> 00 FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
(Con	nplete on last page of Schedule sh	Grand Total o	Outstanding debt)  f all Schedules 1E to the committee)	1500,13

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



CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

2. Committee Name Committee to REELEAT DEANNA KOSKI

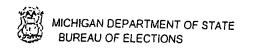
				1102/16
This Schedule itemizes:				•
a. Debts and obligations owed by or forgiven the com-	nmittee OR b. Deb ck either a or b. Use only for the p	ots and obligations owed <u>to</u> opurpose checked.)	or forgiven <u>by</u> the co	mmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or quarantors, 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	8. Cumulative payment to date on debt	9. Outstanding Balance at closs of this period (Item 6 minus Item 8)
Debi#1 Owed to or by:  DEANNA KOSKY 15079 HARVEST MEADOWS STERLING HTS, MI 48313	4. Type: FO  5. <u>Date Debt Was Incurred</u> :  4-6-99  6. <u>Original Amount of Debt</u> :  \$337, CC	\$\$\$	\$	\$ 337.00 FORGIVEN
If bank loan, name of endorser or guarantor:			_	
Debt #2 · Corp? Yes		Amo	unt Endorsed: \$	
Owed to or by:	4. Type: <u>F (7)</u>	\$		
DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	5. Date Debt Was Incurred:  10-19-19 6. Original Amount of Debt:  \$ \$ \$ 5 , 8	\$	\$	\$ <u>885,</u> 81
W		<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		Amc	ount Endorsed: \$	
DEANNA KOSKI 15019 HARVEST MEADOWS	4. Type: FC  5. Date Debt Was Incurred: 6-16-00  6. Original Amount of Debt:  \$ 900.00	\$	\$	s 900, 500
If book loop, and a start		\$		
If bank loan, name of endorser or guarantor:		Amo	unl Endorsed: \$	
		Page Subtotal (O	T.	1122.81
(Comp	plete on last page of Schedule sho	Grand Total of a wing amounts owed by or to		nter this total

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.

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

on line 12a \*owed

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

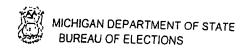


This Schedule itemizes:	Committee Name (2)11/11/12	E 10 NECTEU	JEHNUH	_ ∧oskı
			~-	
a. Debts and obligations owed by or forgiven the com (Che	nmittee OR b. Deb	its and obligations owed <u>to</u> urpose checked.)	or forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial 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.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of 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)
Debl#1 Owed to or by:  DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS, MI 48313	4. Type: FC  5. Date Debt Was Incurred:  1-1-00  6. Original Amount of Debt:  \$ 749 58	\$ \$ \$	\$	\$ 749,58 FORGIVEN
If bank loan, name of endorser or guarantor:		Amc	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: 2	4. Type: 15	s s	The state of the s	
DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	5. Date Debt Was Incurred:  10-11-09 6. Original Amount of Debt:  \$ 486,000	\$ \$ \$	\$	s 486,00
If bank loan, name of endorser or guarantor:		\$		FORGIVEN
Debt #3 Corp? Yes	The state of the	Amo	ount Endorsed: \$	
Owed to or by:  DEANNA KOSKI 15019 HARVEST MEADOWS	4. Type: ARDY - TREAT  5. Date Debt Was Incurred: 3-3-10 10-19-10  6. Original Amount of Debt:  \$ 109.67	\$	\$	10967 FORGIVEN
If bank loan, name of endorser or guarantor:	•			
		Amo	ount Endorsed: \$	
		Page Subtotal (C	Outstanding debt)	345,25
(Comp	plete on last page of Schedule sho	Grand Total of wing amounts owed by or to	all Schedules 1E o 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

Рa	ge		Οſ		
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1. Committee I.D. Number 69954-50

CANDIDATE COMMITTEE

2. Committee Name Committee to REELECT DEARING KIEV.

CANDIDATE COMMITTEE	CE 10 NECIEC	JEANNA	$\Delta SK_L$
This Schedule itemizes:			•
(Check either a or b. Use only for the	Debts and obligations owed <u>to</u> of purpose checked.)	or 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 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	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at clos of this period (Item 6 minus Item 8)
Deanna Kosky 15079 HARVEST MEADOWS 5. Date Debt Was Incurred: 5. Double Debt Was Incurred: 5. Date Debt Was Incurred:	\$ \$ \$	\$	\$ 337, O
If bank loan, name of endorser or guarantor:		unt Endament C	
Oved to or by:  Owed to or by:	Amo	unt Endorsed: \$	
DEANNA KOSKI 15079 HARVEST MEADOWS 5. Date Debt Was Incurred: 9-9-15 STERLING HTS M, 48313 6. Original Amount of Debt: 56.92, 96	\$ \$ \$	\$	\$692 96 FORGIVEN
If bank loan, name of endorser or guarantor:	\$		IONGIVEN
Doby #2	Amo	unt Endorsed: \$	
Owed to or by:  OWEHNNA KOSKI  S. Date Debt Was Incurred:  15019 HARVEST MEADOWS  STERLING HTS MI 48313  S. Date Debt Was Incurred:  OCIDINAL AMOUNT OF Debt:  S. Date Debt Was Incurred:  OCIDINAL AMOUNT OF Debt:  S. Date Debt Was Incurred:  S. Date Debt	\$ \$ \$	\$	50, esc.
f bank loan, name of endorser or guarantor;	\$		· ONOIVEN
education, name of endorser or guarantor:	Amoi	unt Endorsed: \$	
(Complete on last page of Schedule st	Page Subtotal (Or Grand Total of a howing amounts owed by or to	ell Schedules 1E the committee)	280,01 248.20
debt or obligation must be shown on this Schedule if there was an outstanding am his Campaign Statement or it was forgiven during the period covered by this Campa	nount owed on it at the closic	or by ng date of "o	nter this total In line 12a "owed In line 12b In line

Summary Page

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