



FILED

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MACOMB COUNTY CLERK
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**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 03/15/2024 to 07/21/2024

1. Committee I.D. Number

140361

4. Candidate Last Name

KOSAL

First Name

TROY

M.I.

P

2. Committee Name

CTE TROY KOSAL

4a. Office Sought Including District # or Community Served (If applicable)

SUPERVISOR, WASHINGTON TWP

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address

**P O BOX 667
WASHINGTON TWP, MI 48094**

6. Treasurer's Name & Residential Address

**TROY P KOSAL
5685 SEVEN LAKES DRIVE SOUTH
WASHINGTON, MI 48095**

Area Code and Phone (586) 205-3747
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 205-3747

7. Treasurer's Business Address

**5685 SEVEN LAKES DRIVE SOUTH
WASHINGTON, MI 48095**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

**TROY P KOSAL
5685 SEVEN LAKES DRIVE SOUTH
WASHINGTON, MI 48095**

Area Code and Phone (586) 205-3747

Area Code and Phone (586) 205-3747

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140361

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE TROY KOSAL

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>34,730.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>34,730.00</u>	(18.) \$ <u>34,730.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>34,730.00</u>	(20.) \$ <u>34,730.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>6,397.56</u>	(21.) \$ <u>6,397.56</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>24,383.29</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>51.70</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>24,434.99</u>	(23.) \$ <u>24,434.99</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>32,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>34,730.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>34,730.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>24,434.99</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>10,295.01</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140361
2. Committee Name CTE TROY KOSAL

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 <u>all</u> 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 <u>04/10/2024</u> Name & Address: DIANA HOFFMAN 11426 N CRESTLINE DR WASHINGTON, MI 48095		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: CYNTHIA KNIGHT 68223 HILLSIDE LN WASHINGTON, MI 48095		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>ROOMS REALITY INC</u> Business Address <u>68223 HILLSIDE LN, WASHINGTON, MI 48095</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: GARY KOPP 59276 GLACIER CLUB DR WASHINGTON, MI 48094		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: DEBBIE KOSAL 1063 PAINT CREEK LN ROCHESTER HILLS, MI 48306		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **830.00**

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
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140361
2. Committee Name CTE TROY KOSAL

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 <u>all</u> 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 <u>04/10/2024</u> Name & Address: ELISE KOZIARA 14732 BARTON CT WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: STEVEN KULIK 6989 BOULDER POINTE DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: DAN OLSEN 5430 SEVEN LAKES DR N WASHINGTON, MI 48095		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BAY ELECTRONICS</u> Business Address <u>20805 KRAFT BLVD, ROSEVILLE, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: MARIA SWETECH 43868 SCOTER LN CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICAN</u> Employer <u>SWETECH MEDICAL CENTER</u> Business Address <u>43600 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,300.00**

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
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140361
2. Committee Name CTE TROY KOSAL

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 <u>all</u> 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 <u>04/10/2024</u> Name & Address: PETER THOMAS 5018 SEVEN LAKES DR S WASHINGTON, MI 48095		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>CASH EXCHANGE PAWNBROKERS</u> Business Address <u>35943 GRATIOT AVE, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/10/2024</u> Name & Address: SANDRA WOJTOWICZ 5143 SEVEN LAKES DR S WASHINGTON, MI 48095		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/20/2024</u> Name & Address: GASPER RANDAZZO 6627 POND DR WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: JOHN PAILLE 1427 OTTER DR ROCHESTER HILLS, MI 48306		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 600.00

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
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140361
2. Committee Name CTE TROY KOSAL

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 <u>all</u> 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 <u>07/01/2024</u>	
Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095		\$ <u>32,000.00</u>	\$ <u>37,759.34</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address <u>N/A, N/A, MI 00000</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
Click Here for Memo Itemization			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
Click Here for Memo Itemization			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
Click Here for Memo Itemization			

Page Subtotal

32,000.00

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

34,730.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **140361**

2. Committee Name **CTE TROY KOSAL**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN GRAPHIC DESIGN 5. Date Of Receipt: 03/15/2024 6. Vendor Name & Address: JOYCE STEWART DESIGN 183 W MAIN ST, UNIONTOWN, PA 15401	\$ 300.00	\$ 300.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN FLYER DESIGN 5. Date Of Receipt: 03/15/2024 6. Vendor Name & Address: JOYCE STEWART DESIGN 183 W MAIN ST, UNIONTOWN, PA 15401	\$ 100.00	\$ 400.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN MOBILE PHONE 5. Date Of Receipt: 03/15/2024 6. Vendor Name & Address: WALMART PHONE SERVICES 9700 NW 112TH AVE, DORAL, FL 33178	\$ 95.45	\$ 495.45

Page Subtotal **495.45** **0.00**

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140361**

CANDIDATE COMMITTEE

2. Committee Name **CTE TROY KOSAL**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FILING FEE 5. Date Of Receipt: 03/15/2024 6. Vendor Name & Address: WASHINGTON TOWNSHIP 57900 VAN DYKE AVE, WASHINGTON, MI 48094	\$ 100.00	\$ 595.45
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN FLAG DESIGN 5. Date Of Receipt: 03/24/2024 6. Vendor Name & Address: JOYCE STEWART DESIGN 183 W MAIN ST, UNIONTOWN, PA 15401	\$ 100.00	\$ 695.45
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN FLYER DESIGN 5. Date Of Receipt: 03/25/2024 6. Vendor Name & Address: JOYCE STEWART DESIGN 183 W MAIN ST, UNIONTOWN, PA 15401	\$ 100.00	\$ 795.45

Page Subtotal **300.00** **0.00**

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140361**

CANDIDATE COMMITTEE

2. Committee Name **CTE TROY KOSAL**

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Contribution # 1 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN T-SHIRTS 5. Date Of Receipt: 03/25/2024 6. Vendor Name & Address: CRYSTAL EICHER 1 CRYSTALWOOD DR, SMITHFIELD, PA 15478	\$ 324.51	\$ 1,119.96
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN FLYER DESIGN 5. Date Of Receipt: 04/01/2024 6. Vendor Name & Address: JOYCE STEWART DESIGN 183 W MAIN ST, UNIONTOWN, PA 15401	\$ 25.00	\$ 1,144.96
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN PO BOX 5. Date Of Receipt: 04/01/2024 6. Vendor Name & Address: USPS 58757 VAN DYKE AVE, WASHINGTON, MI 48094	\$ 75.00	\$ 1,219.96

Page Subtotal **424.51** **0.00**

Grand Total of all Schedules 1-IK
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on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **140361**

2. Committee Name **CTE TROY KOSAL**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A N/A, N/A, MI 00000 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description PRINT MATERIALS FOR FUNDRAISER 5. Date Of Receipt: 04/02/2024 6. Vendor Name & Address: UPS 64155 VAN DYKE AVE, WASHINGTON, MI 48095	\$ 50.03	\$ 1,269.99
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN FLYER PRINT 5. Date Of Receipt: 04/02/2024 6. Vendor Name & Address: PILGRIM PRINTING 64007 VAN DYKE AVE, WASHINGTON, MI 48095	\$ 42.40	\$ 1,312.39
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN FLAGS 5. Date Of Receipt: 04/02/2024 6. Vendor Name & Address: BUILD A SIGN 11525 STONEHOLLOW DR, STE 100, AUSTIN, TX 78758	\$ 300.51	\$ 1,612.90

Page Subtotal **392.94** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140361**

CANDIDATE COMMITTEE

2. Committee Name **CTE TROY KOSAL**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN FLYER PRINT 5. Date Of Receipt: 04/03/2024 6. Vendor Name & Address: PILGRIM PRINTING 64007 VAN DYKE AVE, WASHINGTON, MI 48095	\$ 33.92	\$ 1,646.82
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN SOCIAL MEDIA 5. Date Of Receipt: 04/03/2024 6. Vendor Name & Address: PULSE COMMUNICATIONS 700 E BIG BEAVER RD, STE F, TROY, MI 48083	\$ 2,700.00	\$ 4,346.82
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN T SHIRTS 5. Date Of Receipt: 04/06/2024 6. Vendor Name & Address: CRYSTAL EICHER 1 CRYSTALWOOD DR, SMITHFIELD, PA 15478	\$ 100.00	\$ 4,446.82

Page Subtotal **2,833.92** **0.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140361

CANDIDATE COMMITTEE

2. Committee Name CTE TROY KOSAL

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A N/A, N/A, MI 00000 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR FUNDRAISER EVENT</u> 5. Date Of Receipt: <u>04/10/2024</u> 6. Vendor Name & Address: BIG RED ORCHARD 4900 32 MILE RD, WASHINGTON, MI 48095	\$ 431.13	\$ 4,877.95
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: ROBERT MISIEWICZ 4900 32 MILE RD WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: BIG RED ORCHARD 4900 32 MILE RD, WASHINGTON, MI 48095 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR FUNDRAISER EVENT</u> 5. Date Of Receipt: <u>04/10/2024</u> 6. Vendor Name & Address: BIG RED ORCHARD 4900 32 MILE RD, WASHINGTON, MI 48095	\$ 406.77	\$ 406.77
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN FLYER DESIGN</u> 5. Date Of Receipt: <u>04/13/2024</u> 6. Vendor Name & Address: JOYCE STEWART DESIGN 183 W MAIN ST, UNIONTOWN, PA 15401	\$ 100.00	\$ 4,977.95

Page Subtotal **937.90** **406.77**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140361

CANDIDATE COMMITTEE

2. Committee Name CTE TROY KOSAL

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN FLYER DESIGN</u> 5. Date Of Receipt: <u>04/13/2024</u> 6. Vendor Name & Address: JOYCE STEWART DESIGN 183 W MAIN ST, UNIONTOWN, PA 15401	\$ 25.00	\$ 5,002.95
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN FLYER DESIGN</u> 5. Date Of Receipt: <u>04/13/2024</u> 6. Vendor Name & Address: JOYCE STEWART DESIGN 183 W MAIN ST, UNIONTOWN, PA 15401	\$ 100.00	\$ 5,102.95
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN AD DESIGN</u> 5. Date Of Receipt: <u>04/13/2024</u> 6. Vendor Name & Address: JOYCE STEWART DESIGN 183 W MAIN ST, UNIONTOWN, PA 15401	\$ 75.00	\$ 5,177.95

Page Subtotal **200.00** **0.00**

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

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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140361**

CANDIDATE COMMITTEE

2. Committee Name **CTE TROY KOSAL**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN MOBILE PHONE 5. Date Of Receipt: 04/15/2024 6. Vendor Name & Address: WALMART PHONE SERVICES 9700 NW 112TH AVE, DORAL, FL 33178	\$ 27.13	\$ 5,205.08
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN MOBILE PHONE 5. Date Of Receipt: 05/22/2024 6. Vendor Name & Address: WALMART PHONE SERVICES 9700 NW 112TH AVE, DORAL, FL 33178	\$ 27.13	\$ 5,232.21
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description DINNER BOOKLET ADVERTISEMENT 5. Date Of Receipt: 06/13/2024 6. Vendor Name & Address: MACOMB COUNTY REPUBLICAN PARTY PO BOX 3800962, Warren, MI 48088	\$ 500.00	\$ 5,732.21

Page Subtotal

554.26

0.00

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140361**

CANDIDATE COMMITTEE

2. Committee Name **CTE TROY KOSAL**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN MOBILE PHONE 5. Date Of Receipt: 06/22/2024 6. Vendor Name & Address: WALMART PHONE SERVICES 9700 NW 112TH AVE, DORAL, FL 33178	\$ 27.13	\$ 5,759.34
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN NON FUNDRAISER EVENT 5. Date Of Receipt: 07/05/2024 6. Vendor Name & Address: PEACHES BRUNCH HOUSE 130 S MAIN ST, ROMEO, MI 48065	\$ 67.41	\$ 37,826.75
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN NON FUNDRAISER EVENT 5. Date Of Receipt: 07/11/2024 6. Vendor Name & Address: PEACHES BRUNCH HOUSE 130 S MAIN ST, ROMEO, MI 48065	\$ 35.51	\$ 37,862.26

Page Subtotal

130.05

0.00

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140361**

CANDIDATE COMMITTEE

2. Committee Name **CTE TROY KOSAL**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN NAME TAGS 5. Date Of Receipt: 07/12/2024 6. Vendor Name & Address: DARLA LEE 4604 HYATTS RD, DELAWARE, OH 43015	\$ 76.00	\$ 37,938.26
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN NON FUNDRAISER EVENT 5. Date Of Receipt: 07/19/2024 6. Vendor Name & Address: PEACHES BRUNCH HOUSE 130 S MAIN ST, ROMEO, MI 48065	\$ 25.60	\$ 37,963.86
Contribution #3 PAC Receipt? ☐ Yes Name & Address: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: N/A N/A, N/A, MI 00000 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CAMPAIGN MOBILE PHONE 5. Date Of Receipt: 07/21/2024 6. Vendor Name & Address: WALMART PHONE SERVICES 9700 NW 112TH AVE, DORAL, FL 33178	\$ 26.93	\$ 37,990.79

Page Subtotal

128.53

37,990.79

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

6,397.56

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140361
2. Committee Name CTE TROY KOSAL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name VFW Address 70455 MCVICAR RD ROMEO, MI 48065 ☐ Fund Raiser	Purpose: <u>CAMPAIGN EVENT HALL RENTAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2024</u> Date	\$ <u>200.00</u>
Expenditure #2 Name ACE HARDWARE Address 222 E ST CLAIR ST ROMEO, MI 48065 ☐ Fund Raiser	Purpose: <u>SIGN POSTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>48.70</u>
Expenditure #3 Name ACE HARDWARE Address 222 E ST CLAIR ST ROMEO, MI 48065 ☐ Fund Raiser	Purpose: <u>SIGN POSTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/2024</u> Date	\$ <u>29.64</u>
Expenditure #4 Name PULSE COMMUNICATIONS Address 700 E BIG BEAVER RD STE F TROY, MI 48083 ☐ Fund Raiser	Purpose: <u>CAMPAIGN WEBSITE AND SOCIAL MEDIA</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2024</u> Date	\$ <u>4,200.00</u>
Expenditure #5 Name VISUAL AUTHORITY LLC Address 700 E BIG BEAVER RD STE F TROY, MI 48083 ☐ Fund Raiser	Purpose: <u>CAMPAIGN PRINT AND MAIL (IN HOUSE)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2024</u> Date	\$ <u>19,904.95</u>

Subtotal this page **24,383.29**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **24,383.29**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140361
2. Committee Name CTE TROY KOSAL

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by 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 endorser 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)
Debt #1 Corp? ☐ Yes Owed to or by: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095	4. Type: <u>LOAN BY CANDIDATE</u> 5. <u>Date Debt Was Incurred:</u> <u>07/01/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 32,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>32,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

32,000.00

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

32,000.00

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140361
2. Committee Name CTE TROY KOSAL

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>04/10/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>40</u>	5. Type of Fund Raising Activity <u>RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. <u>BIG RED ORCHARD</u> <u>4900 32 MILE RD</u> <u>WASHINGTON, MI 48095</u> ☐ Private Residence
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7. Total Contributions 2,836.77
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 2,836.77
10. Total Cost of Event 481.16
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.