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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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

140361

2. Committee Name

CTE TROY KOSAL

4. Candidate Last Name

KOSAL

First Name

TROY

M.I.

P

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**

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.

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 205-3747

7. Treasurer's Business Address

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

Area Code and Phone (586) 205-3747

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

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

Date of Election, Convention or Caucus

08/06/2024

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.)

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

09/01/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

09/01/2024



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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</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>0.00</u>	(20.) \$ <u>34,730.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>15,756.03</u>	(21.) \$ <u>22,153.59</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>3,759.10</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>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,759.10</u>	(23.) \$ <u>28,194.09</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>47,619.05</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>10,295.01</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,295.01</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,759.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6,535.91</u> *	



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 <u>GRAPHIC DESIGN</u> 5. Date Of Receipt: <u>07/22/2024</u> 6. Vendor Name & Address: JOYCE STEWART 183 W MAIN ST, UNIONTOWN, PA 15401	\$ 75.00	\$ 38,065.79
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 NON-FUNDRAISER EVENT</u> 5. Date Of Receipt: <u>07/25/2024</u> 6. Vendor Name & Address: PEACHES BRUNCH HOUSE 130 S MAIN ST, ROMEO, MI 48065	\$ 23.55	\$ 38,089.34
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 NON-FUNDRAISER EVENT</u> 5. Date Of Receipt: <u>08/02/2024</u> 6. Vendor Name & Address: PEACHES BRUNCH HOUSE 130 S MAIN ST, ROMEO, MI 48065	\$ 38.43	\$ 38,127.77

Page Subtotal **136.98** **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

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 PRINT & MAIL 5. Date Of Receipt: 08/25/2024 6. Vendor Name & Address: VISUAL AUTHORITY 700 E BIG BEAVER RD, STE F, TROY, MI 48083	\$ 15,619.05	\$ 53,746.82
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ 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 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ 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 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal

15,619.05

53,746.82

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

15,756.03

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 WALMART Address 57900 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: CAMPAIGN CELL PHONE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2024 Date	\$ 63.35
Expenditure #2 Name RECORD NEWSPAPERS, LLC Address PO BOX 708 WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: NEWSPAPER AD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/26/2024 Date	\$ 525.00
Expenditure #3 Name BIG RED ORCHARD Address 4900 32 MILE RD WASHINGTON, MI 48095 ☐ Fund Raiser	Purpose: CAMPAIGN NON-FUNDRAISER EVENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2024 Date	\$ 3,167.75
Expenditure #4 Name PNC BANK Address PO BOX 609 PITTSBURGH, PA 15230 ☐ Fund Raiser	Purpose: BANK SERVICE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2024 Date	\$ 3.00
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **3,759.10**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3,759.10**

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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</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: TROY KOSAL 5685 SEVEN LAKES DR S WASHINGTON, MI 48095	4. Type: <u>INKIND: CAMPAIGN PRINT & MAIL</u> 5. <u>Date Debt Was Incurred:</u> <u>08/25/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15,619.05</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 15,619.05</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> _____ \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

47,619.05

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

47,619.05

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.