



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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: 12-31-08 to 10-18-09
Mo Day Year Mo Day Year

1. Committee I.D. Number
69954-50

2. Committee Name
Comm. HEE TO REELECT
DEANNA KOSKI

4. Candidate Last Name KOSKI First Name DEANNA M.I.
4a. Office Sought Including District # or Community Served (If applicable)
CITY COUNCIL
4b. County of Residence MACOMB

5. Committee's Mailing Address
15079 HARVEST MEADOWS
STERLING HEIGHTS MI 48313
Area Code and Phone 586 566 2388

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 DEANNA KOSKI
15079 HARVEST MEADOWS
STERLING HEIGHTS MI 48313
Area Code & Phone (586) 566-2388

7. Treasurer's Business Address
15079 HARVEST MEADOWS
STERLING HEIGHTS MI 48313
Area Code and Phone (586) 566 2388

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

Area Code and Phone ()

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
11-3-09
Month Day Year

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

Effective Date of Dissolution
Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 DEANNA KOSKI Signature Deanna Koski Date 10-20-09
Type or Print Name Signature Mo Day Year

Candidate DEANNA KOSKI Signature Deanna Koski Date 10-20-09
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 69954-50
 2. Committee Name COMMITTEE TO REFLECT
DEANNA KOSKI

**SUMMARY PAGE
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1000.00</u>	(18.) \$ <u>1000.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>486.00</u>	(19.) \$ <u>486.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1486.00</u>	(20.) \$ <u>1486.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5422.31</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>5422.31</u>	(23.) \$ <u>5422.31</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>4858.52</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>6746.92</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1486.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>8232.92</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5422.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2810.61</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.
 Authority granted under P.A. 388 of 1976



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69954-50
2. Committee Name COMMITTEE TO REELECT DEANNA 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 <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>9-30-09</u> Name: <u>DAW MICHIGAN V. PAC</u> Address: <u>8000 E JEFFERSON, DET. MI 48214</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>REGION 1</u> Employer <u>UAW</u> Business Address <u>27800 GEORGE MERRELL DR WAR MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>1000.⁰⁰</u>	<u>1000.⁰⁰</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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

1000.⁰⁰
1000.⁰⁰

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50

2. Committee Name COMMITTEE TO RE-ELECT DEANNA KOSKI

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>DEANNA Koski</u> Address: <u>15079 HARVEST MEADOWS STERLING HTS MI 48313</u> <input type="checkbox"/> Fund Raiser	<u>10-17-09</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>LOAN</u>	<u>486.⁰⁰</u>
Receipt #2 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	_____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	

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

486.00
486.00

Enter this total on line 4 of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 69954-50
2. Committee Name COMMITTEE TO RE ELECT DEANNA ROSKI

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>Clinton Twp MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/09</u>	<u>1131.⁵⁰</u>
Expenditure #2 Name <u>MANHATTAN PRINTERS/MAILERS</u> Address <u>51132 MILANO DR</u> <u>MACOMB, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/09</u>	<u>1990.²⁷</u>
Expenditure #3 Name <u>CTE MARIA SCHMIDT</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDY/PARADE</u> Expenditure Code <u>PC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/21/09</u>	<u>47.⁰⁰</u>
Expenditure #4 Name <u>C & G NEWSPAPERS</u> Address <u>13650 E 11 MILE RD</u> <u>WAR, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD (1/6)</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/09</u>	<u>414.⁰⁰</u>
Expenditure #5 Name <u>THE ITALIAN AMERICAN C/S</u> Address <u>43843 ROMEO PLANK</u> <u>Clinton Twp MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD (1/3)</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/18/09</u>	<u>25.⁰⁰</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>3215.77</u>

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 69954-50
2. Committee Name COMMITTEE TO RE-ELECT DEANNA KESKI

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>MANHATTAN PRINTERS/MAILERS</u> Address <u>51132 MILANO DR</u> <u>MACOMB MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/09</u>	<u>2206.⁵⁴</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

2206.⁵⁴
5422.31

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50
2. Committee Name COMMITTEE TO RE-ELECT DEANNA KOSKI

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 endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 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? <input type="checkbox"/> Yes Owed to or by: <u>DEANNA KOSKI</u>	4. Type: <u>NLC</u> Code _____ 5. Date Debt Was Incurred: <u>5-24-99</u> 6. Original Amount of Debt: <u>\$ 241.00</u>	_____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____	\$ _____	\$ <u>241.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEANNA KOSKI</u>	4. Type: <u>NLC</u> Code _____ 5. Date Debt Was Incurred: <u>6-4-99</u> 6. Original Amount of Debt: <u>\$ 664.13</u>	_____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____	\$ _____	\$ <u>664.13</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEANNA KOSKI</u>	4. Type: <u>FO</u> Code _____ 5. Date Debt Was Incurred: <u>2-16-99</u> 6. Original Amount of Debt: <u>\$ 595.00</u>	_____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____	\$ _____	\$ <u>595.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1500.13

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50
2. Committee Name COMMITTEE TO RE ELECT DEANNA KOSKI

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 (Indicate type and you may assign an expenditure code) 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 Owed to or by: <u>DEANNA KOSKI</u> Corp? <input type="checkbox"/> Yes	4. Type: _____ Code <u>FO</u> 5. Date Debt Was Incurred: <u>4-6-99</u> 6. Original Amount of Debt: <u>\$ 337.00</u>	_____/_____/_____ \$ _____/_____/_____ \$ _____/_____/_____ \$ _____/_____/_____ \$	\$ _____	<u>337.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <u>DEANNA KOSKI</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>NLC</u> Code <u>FO</u> 5. Date Debt Was Incurred: <u>10-19-99</u> 6. Original Amount of Debt: <u>\$ 885.81</u>	_____/_____/_____ \$ _____/_____/_____ \$ _____/_____/_____ \$ _____/_____/_____ \$	\$ _____	<u>885.81</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <u>DEANNA KOSKI</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>NLC</u> Code <u>FO</u> 5. Date Debt Was Incurred: <u>6-16-00</u> 6. Original Amount of Debt: <u>\$ 900.00</u>	_____/_____/_____ \$ _____/_____/_____ \$ _____/_____/_____ \$ _____/_____/_____ \$	\$ _____	<u>900.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2122.81

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50
2. Committee Name COMMITTEE TO RE ELECT DEANNA KOSKI

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 endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 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? <input type="checkbox"/> Yes Owed to or by: <u>DEANNA KOSKI</u>	4. Type: <u>NLC</u> Code <u>FO</u> 5. Date Debt Was Incurred: <u>7-7-00</u> 6. Original Amount of Debt: <u>\$ 749.58</u>	/ / \$ / / \$ / / \$ / / \$ / / \$	\$ _____ \$ _____	\$ <u>749.58</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>DEANNA KOSKI</u>	4. Type: <u>ADS</u> Code _____ 5. Date Debt Was Incurred: <u>10-17-09</u> 6. Original Amount of Debt: <u>\$ 486.00</u>	/ / \$ / / \$ / / \$ / / \$ / / \$	\$ _____ \$ _____	\$ <u>486.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$	\$ _____ \$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 1235.58
Grand Total of all Schedules 1E 4358.52
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.