



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
11 DEC -8 AM 11:16
SABAUGH
CLERK
MACOMB COUNTY, MICHIGAN

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: 10-24-11 to 11-28-11

1. Committee I.D. Number 69954-50		4. Candidate Last Name KOSKI		First Name DEANNA		M.I. 	
2. Committee Name COMMITTEE TO REELECT DEANNA KOSKI		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				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

11-8-11

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

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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	<i>Deanna Koski</i>	Date	11-29-11
	Type or Print Name	Signature		
Candidate	DEANNA KOSKI	<i>Deanna Koski</i>	Date	11-29-11
	Type or Print Name	Signature		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

69954-50
COMMITTEE TO RE-ELECT

2. Committee Name

DEANNA KOSKI

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
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>6395.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>1000.00</u>	(20.) \$ <u>6395.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$ <u>50.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>53.89</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>53.89</u>	(23.) \$ <u>6670.06</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
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>4968.19</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>1483.97</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>2483.97</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>53.89</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2430.08</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 69954-50
COMMITTEE TO RE-ELECT
2. Committee Name 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>PAW REGION 1</u> <u>27800 GEORGE MERRELL DR</u> <u>WARREN MI 48092</u>			
PAC Receipt? <input checked="" type="checkbox"/> YES		4. Date of Receipt <u>11-8-11</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: _____			
PAC Receipt? <input type="checkbox"/> YES		4. Date of Receipt _____	
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		\$ _____	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: _____			
PAC Receipt? <input type="checkbox"/> YES		4. Date of Receipt _____	
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		\$ _____	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: _____			
PAC Receipt? <input type="checkbox"/> YES		4. Date of Receipt _____	
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		\$ _____	\$ _____
		Click Here for Memo Itemization	

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.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	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> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/11</u> Date	<u>\$ 53.89</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 53.89
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 53.89

Enter this total
on line 8a of
Summary Page



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 ReElect 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 (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? <input type="checkbox"/> Yes Owed to or by: DEANNA Koski 15079 HARVEST MEADOWS STERLING Hts MI 48313	4. Type: <u>NLC</u> 5. <u>Date Debt Was Incurred:</u> <u>5-24-99</u> 6. <u>Original Amount of Debt:</u> <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: DEANNA Koski 15079 HARVEST MEADOWS STERLING Hts MI 48313	4. Type: <u>NLC</u> 5. <u>Date Debt Was Incurred:</u> <u>6-4-99</u> 6. <u>Original Amount of Debt:</u> <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: DEANNA Koski 15079 HARVEST MEADOWS STERLING Hts MI 48313	4. Type: <u>FO</u> 5. <u>Date Debt Was Incurred:</u> <u>2-16-99</u> 6. <u>Original Amount of Debt:</u> <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

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
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DEBTS AND OBLIGATIONS
SCHEDULE 1E
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 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? <input type="checkbox"/> Yes Owed to or by: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: FO 5. Date Debt Was Incurred: 4-6-99 6. Original Amount of Debt: \$ 337.00	\$ \$ \$ \$ \$	\$	\$ 337.00 <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: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: FO 5. Date Debt Was Incurred: 10-19-99 6. Original Amount of Debt: \$ 885.81	\$ \$ \$ \$ \$	\$	\$ 885.81 <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: DEANNA KOSKI 15079 HARVEST MEADOWS STERLING HTS MI 48313	4. Type: FO 5. Date Debt Was Incurred: 6-16-00 6. Original Amount of Debt: \$ 900.00	\$ \$ \$ \$ \$	\$	\$ 900.00 <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

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MICHIGAN DEPARTMENT OF STATE
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DEBTS AND OBLIGATIONS
SCHEDULE 1E
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 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? <input type="checkbox"/> Yes Owed to or by: DEANNA Koski 15079 HARVEST MEADOWS STERLING Hts MI 48313	4. Type: <u>FO</u> 5. <u>Date Debt Was Incurred:</u> <u>7-7-00</u> 6. <u>Original Amount of Debt:</u> <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: DEANNA Koski 15079 HARVEST MEADOWS STERLING Hts MI 48313	4. Type: <u>ADS</u> 5. <u>Date Debt Was Incurred:</u> <u>10-17-09</u> 6. <u>Original Amount of Debt:</u> <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: DEANNA Koski 15079 HARVEST MEADOWS STERLING Hts MI 48313	4. Type: <u>CANDY TREAT</u> 5. <u>Date Debt Was Incurred:</u> <u>5-31-10 + 10-19-10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 109.67</u>	\$ \$ \$ \$ \$	\$	\$ <u>109.67</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1345.25

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

4968.19

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.