



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

11 NOV 22 PM 12:17

**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.

CARMELLA SABAUGH  
MACOMB COUNTY CLERK  
My Statement covers from: 1-1-11 to 10-23-11

1. Committee I.D. Number <b>69954-50</b>	4. Candidate Last Name <b>KOSKI</b> First Name <b>DEANNA</b> M.I.
2. Committee Name <b>COMMITTEE TO REELECT DEANNA KOSKI</b>	4a. Office Sought Including District # or Community Served (if applicable) <b>CITY COUNCIL</b> 4b. County of Residence <b>MACOMB</b>
5. Committee's Mailing Address <b>15079 HARVEST MEADOWS STERLING HEIGHTS MI 48313</b> Area Code and Phone <b>586 566 2388</b> 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 <b>DEANNA KOSKI</b> <b>15079 HARVEST MEADOWS STERLING HEIGHTS MI 48313</b> Area Code & Phone <b>586 566 2388</b>
7. Treasurer's Business Address <b>15079 HARVEST MEADOWS STERLING HTS MI 48313</b> Area Code and Phone <b>586 566 2388</b>	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. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election	9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9e. <input type="checkbox"/> Dissolution of Candidate Committee
<input type="checkbox"/> Convention <input type="checkbox"/> School	Effective Date of Dissolution
<input type="checkbox"/> Special <input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus <b>11-8-11</b>	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	<b>DEANNA KOSKI</b>	<i>Deanna Koski</i>	Date	<b>11-22-11</b>
	Type or Print Name	Signature		
Candidate	<b>DEANNA KOSKI</b>	<i>Deanna Koski</i>	Date	<b>11-22-11</b>
	Type or Print Name	Signature		



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

2. Committee Name

69954-50

COMM. FEE TO REJECT  
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 all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 5-5-11

Name &amp; Address:

STERLING HEIGHTS POLICE HONOR GUARD  
40333 DODGE PARK  
STERLING HTS MI 48313

\$ 60.00

\$ 60.00

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 #2 PAC Receipt? ☐ YES

4. Date of Receipt 5-5-11

Name &amp; Address:

CARDONNA JACK  
38905 MOUND  
ST HTS MI 48310

\$ 60.00

\$ 60.00

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 5-5-11

Name &amp; Address:

KRIEGER MARIANN  
5730 STRAWBERRY CIR  
COMMERCE TWP. MI 4838

\$ 60.00

\$ 60.00

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 5-5-11

Name &amp; Address:

JURKOVIC OLIVER  
5808 RIVER RIDGE DR  
LANSING MI 48917

\$ 60.00

\$ 60.00

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

240.00

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

Enter this total on  
line 3a of Summary  
Page.