

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

OS OCT 28 PH 2: 15

COVER PAGE	HA CLER	FOR OFFICIAL USE ONLY		
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		covers From: 12-31-04 to 10-23-05 Mo Day Year to Mo Day Year		
1. Committee I.D. Number 69954-50 2. Committee Name Committee Name To REELECT DEANNA KOSKI	4. Candidate La. KOSK 4a. Office Sought City 4b. County of Resi	St Name First Name M.I. DEAWNA Including District # or Community Served (If applicable) COUNCIL		
5. Committee's Mailing Address /SO79 HARVEST MEADOUS SHERING 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.	15079 Sterlin	ne & Residential Address DEANNA KOSKI HARVEST MEADOWS IG HEIGHTS MI 48313 ne (586) 566-2388		
7. Treasurer's Business Address 15099 HARVEST MEADOWS STERING HEIGHTS, MI 48313	Designated Record Designated Record	ord keeper's Name and Mailing Address (If the committee has a d keeper)		
Area Code and Phone <u>586</u> 566 2388	Area Code and Ph	one <u>()</u>		
9. TYPE OF STATEMENT				
9a. ☑ Pre-Election OR 9b. ☐ Post	-Election	9c. Annual Statement (Coverage Year)		
Pre-Election or Post-Election Statement relates to:				
☐ Primary ☑ Gene	ral	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)		
☐ Convention ☐ Scho	ol	9e. Dissolution of Candidate Committee		
☐ Special ☐ Cauc	us			
Date of Election, Convention or Caucus		Effective Date of Dissolution		
11-8-05				
Month Day Year		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 us my/our knowledge and belief the contents are true, accurate and	ed in the preparation domplete.	of this statement and attached schedules (if any) and to the best of		
Current Treasurer or DEANNA KOSKI Type or Print Name	Nebra Signature	Date 10-27-05		
Candidate DEANNA KOSKI ,	Signature	Date 10-27-05		



MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

1. Committee I.D. Number 69954-50
2. Committee Name Committee To REE/Ect

DEANNA Koski

SUMMARY PAGE

CANDIDATE COMMINITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	205241	as a substitution of the s
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 9057, 71	;
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>9057.41</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>9057, 41</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	11-11-17	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 4745,67	
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>4745,67</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Dis'bursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	/40b) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 6359.93	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.) $5 + 239, 46$ (14.) $+ 5 + 9057, 41$ (15.) $= 5 + 3296, 81$ (16.) $- 5 + 4745, 67$ (17.) $5 + 8551, 14$	



1. Committee I.D. Number 699	54-50	
2. Committee Name Comm, HEE	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 all 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? YES 4. Date of Receipt 10-20-05 Name: DON BIEVINS Address: 17370 FISH LAKE R4, Holly, MI 48442	100.00	150
5. If over \$100.00 cumulative, please provide:	,	,00,
OccupationEmployer	·	Ä
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	·	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-20-05		
Name: JAMES BIEVINS Address: 17370 FISH LAKE Rd, Holly, M. 48442	100,00	100
5. If over \$100.00 cumulative, please provide:	•	
OccupationEmployer	48"	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	, EE, J	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10 -20-05		
Name: SEFFREY EGBERTS Address: 6868 JOSHUA TREE (T. PORTAGE, MI 49024 5. If over \$100.0) cumulative, please provide:	40.00	40-
Occupation Employer		*
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		- - -
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: JOHN TANGA/05 Address: 43455 SCHOENHERR, SERING HS, MI483/3	50.°°	50-
5. If over \$100.00 cumulative, please provide:	_	<u> </u>
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	290	



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

CANDIDATE COMMITTEE		
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 from committees 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 10-20-05	٠,	
Name: JAMES YEAREGO Address: 4980 LOCKWOOD, WASHINGTON, MI 48094	210°	2105
5 th arms \$400.00 arms which a release monthly	\sim 70.	ا چې
5. If over \$100.00 cumulative, please provide:	ess.	
Occupation OWNER Employer UTICA - TRANSIT MIX	÷	
Business Address 42380 YEAREGO DR 5H MI 48314 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-20-05		
Name: A/AN CASMERE	·	
Address: 28836 PANAMA, WARREN, MI 48092	2/0,	210-
5. If over \$100.00 cumulative please provide:		1
Occupation ANNER Employer B.E. CASMERE CO	•	
Business Address 28836 PANAMA WARREN, M 46092 Type of Contribution: Direct Loan from a person Fund Raiser	, c·	:
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-30-05		· ·
Name: JOHN FENN	1- 00	150
Address: 13399 WEST STAR, SHE/By, MI 48315	150.	7 30.
5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer FENN LHSSOC		:
Business Address 13399 WEST STAR SHELBY MI 18315		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: BRIAN CONAWAY		
Address: 48797 A/PHA DR #100	المرام م	150
5. If over \$100.00 cumulative, please provide:	190.	*
Occupation WASTE EmployerWM/ PAC of MI		
Business Address 48797 Alpha DR W/xom M 483/3 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	720.	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	100.	

Enter this total on line 3a of Summary Page

Page 4 of <u>23</u>

Authority granted under P.A. 388 of 1976

CFR 3/2002-c-1a



1. Committee I.D. Number	69954	-50	.	
2. Committee Name	WHEE TO	REELECT	DEANNA	Kosk

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 from committees 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 10-30-05 Name: LARRY CAMPBELL Address: 1/86 E /2 MILE, MADISON HIS MI 48691	70.°	10-
5. If over \$100.00 cumulative, please provide:		, and the second
Occupation Employer_	·	4
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-20-05		
Name: CARI BIDINGER	(F)	./
Name: CARI BIDINGER Address: //86 E. /2 MI/E, MADISON HIS MI	10	70-
5. If over \$100.00 cumulative, please provide:	,, ,	;
OccupationEmployer		· ·
Business Address	, i'	· · · · · · · · · · · · · · · · · · ·
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-20-05		
Name: JOHN BOLOGNA JR		
Address: 19135 SAXON DR, BEVERLY HILLS MI	140.00	140.
5. If over \$100.0 cumulative, please provide:	7 7,0	
Occupation DWER Employer BMRS		· ·
Business Address 19135 SAXON DR BEVERN HIIS MI 4005 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10 - 20 - 05 Name: DEFER DIA A-0		
Name: PETER DINOTO Address: 49171 Golden PARK, SHELBY MI 48315		140-
5. If over \$100.00 cumulative, please provide:	1400	170
Occupation Bldr Employer NU-WAY HOMES	7 70.	
Business Address 4911 COLDEN PK SHELBY MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	420.	



1. Committee I.D. Number 69954-50
2. Committee Name Committee To REELECT DEANNY KOSK

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 from committees 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 10-20-05 Name: ANTHONY FANEIL! Address: 50466 HEATHER Wood LN, SHEIBY, MI 5. If over \$100.00 cumulative, please provide:	140.00	140.
Occupation Box Employer HNTHONY FANEII Business Address SO466 HEATHER Wood LN, SHE BY MIVEN Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: DOM/NIC J. MOCERIA		
Address: 3005 UNIVERSITY DR AUBURN HILLS MI 5. If over \$100.00 cumulative, please provide:	140.00	140.
Occupation SE/F Employer MOCERI MANAGEMENT CO Business Address 3005 UNIVERSITY DR HUBDRUHI IIS MI 4836 Type of Contribution: Direct Loan from a person Fund Raiser	Ser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: RANDY SHANK Address: 407/5 GUI/IVER, SH., MI 483/0 5. If over \$100.00 cumulative, please provide: Occupation SE/F Employer SUNNY BROOK GO/F Business Address 7/9/ E// MI/E SH MI 483/B Type of Contribution: Direct Loan from a person Fund Raiser	140.00	140.
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10 -20-05 Name: VICTOR MARTIN		
Address: 34911 VAN DYKE SH M, 48312	, â	11/1
5. If over \$100.00 cumulative, please provide:	140.	140,
Occupation MEMPER Employer STER ING FNN ROPERTIES Business Address 34911 VAN DVKE SH M1 48312 Type of Contribution: Direct Loan from a person Fund Raiser		: - -
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	<i>56</i> 0	

Enter this total on line 3a of Summary Page

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Authority granted under P.A. 388 of 1976

CFR 3/2002-c-1a



SCHEDULE 1A

1. Committee I.D. Number	6995	54.	-50	\$ 	
2. Committee Name	nittee	to	REELECT	DEANNA	Kosk

CANDIDATE COMMITTEE	<u></u>	<u></u>
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 from committees 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 10 - 20 - 05	٠.	,
Name: STEVE MARANOWSKI		· · · · · · · · · · · · · · · · · · ·
Address: 2664/ TOM AllEN, WARREN, MI 48089	1400	140
P 15 6400 00	, , , , ,	, , , .
Occupation SEIF Employer SPARTAN SPECIALTIES		
Business Address 2664 Tom H/EN, WAR, M, 48089 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10 - 30-05		
Name: BIII FROLING, JR		:
Address: 3715 E. 15 Mile, 5, H. M148310	140,00	141
5. If over \$100.00 cumulative, please provide:	, , , .	1/01
Occupation SE/F Employer TITAN MANAGEMENT CO		
Business Address 3715 E, 15 M/E SH M 483/0 Type of Contribution: Direct Loan from a person Z Fund Raiser	and	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-20-05		
Name: LARRY CA/CATERRA	:	
Address: 36900 ScHOENHERR, SH. MI 48312	141000	140.
5. If over \$100.0 cumulative, please provide:	1/01	
Occupation SE/F Employer WUJEK- CA/CATERRA GAS		
Business Address 36900 ScHOENHERR, SH MI 48312		i de la companya de l
Type of Contribution: Direct Loan from a person Fund Raiser	į	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-20-05		
Name: Edward MANCINI		
Address: 100 - 100 ul	1,/20	140
5. If over \$100.00 cumulative, please provide;	140.7	- //0.
Occupation MEMBER Employer MANCINI ENTERPRISES	, , ,	3
Business Address 6850 - 19 MilE SH MI 48314 (1)		
Type of Contribution: Direct Loan from a person Fund Raiser		ा ५ च
Page Subtotal	ELA	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	560.	



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

O, WIDID, VIE OOM MITTIEE	· · · · · · · · · · · · · · · · · · ·	
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 from committees 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 10-20-05 Name: F, M, KHAN Address: 5238 WINDMIII DR. TROY, M148085	1110 00	
5. If over \$100.00 cumulative, please provide:	140,	140/
Occupation SE/F Employer FAZAL KHAN & HSSOC		1
Business Address 5238 WINDMIII DR TROY MI 48085 Type of Contribution: Direct Loan from a person Fund Raiser	· .	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-20-05		
Name: THOM AS FEH		
Address: PO Box 625	140.00	140/
5. If over \$100.00 cumulative, please provide:	010.	110,
Occupation Police Employer S.H. Police COA	an'	
Business Address C. Box 625 Type of Contribution: Direct Loan from a person Fund Raiser	, type	*
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: THOMAS GUASTE/lo Address: 300 PARK STREET # 40 BIRMINGHAM MI 15. Manual 100 Contribution of the contribution of t	140.00	1112
Address: 300 FARK STREET-FT-40 DIKMINGHAM 1/10	170.	140,7
5. If over \$100.0 / cumulative, please provide:		
Business Address 300 TARK ST BIRM WG HAM WI 4609 Type of Contribution: Direct Loan from a person Fund Raiser		; ;;
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: SUSAN LUCH		영 :
Address: 166 RIDGE GROSSE PE MI 48236	11/100	
5. If over \$100.00 cumulative, please provide:	140.	140.
Occupation HOMIN Employer ENTER MANAGEMENT		3
Business Address 300 YARK ST FIRMING HAM 11 48009 Type of Contribution: Direct Loan from a person Fund Raiser	·	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	560.	

Enter this total on line 3a of Summary Page

Page 8 of 23

Authority granted under P.A. 388 of 1976

CFR 3/2002-c-1a



1. Committee I.D. Number	6995	4	-50 (· .
2. Committee Name	nithee "	to	REELECT	DEANNA KOSK

CANDIDATE COMMITTEE		
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 from committees 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 10-20-05 Name: VALIENA HIIISON Address: 102 TELFORD TROY 11 48098		
Address: /OA TE/FORD TROY 11/48098 5. If over \$100.00 cumulative, please provide:	140.00	140.
Occupation FND Employer EXPERI - NETAL TWC		, m
Business Address 6345 WAI S.H. MI 48312 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-20-05		
Name: RAY SEQUIN	:	
Address: 23036 ENGLEHARDT STCLAIR SHORES	140.00	140.
5. If over \$100.00 cumulative, please provide:	110	, , , , ,
Occupation SER Employer ISMRS		
Business Address 23036 ENG/EHARDT, SC5 M, 48080 Type of Contribution: Direct Loan from a person Fund Raiser	es	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-20-05		
Name: StEVE NAUEOVSKI Address: 8717 - 18 MILE, STERLING HEIGHTS, MI 48314	1000	100.
5. If over \$100.0 cumulative, please provide:	(
OccupationEmployer		* .
Business Address		e e
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: TREVOR ROYSTON.	_	
Address: 43146 WESTCHESTER, NOVI, MI 48375	1000	110
5. If over \$100.00 cumulative, please provide:	, 00.	700.
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	480.	· · · · · · · · · · · · · · · · · · ·
L		the state of the s



1. Committee I.D. Number 69954-50
2. Committee Name Comm, HEE TO REELECT DEANNY KOSK

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 from committees 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 10-20-05 Name: JACK CARADONNA Address: 38905 MOUND, 5+ERING Hts, M1 48310	100,00	100,
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 10-20-05		
Name: BRIAN KERN Address: 44044 MERRILL 5+ER/INGH/S MI 5. If over \$100.00 cumulative, please provide: 48314	100.00	100.
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	r'	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: LOUIS BACKUS Address: \$1755 - 17 MILE STERING HTS MI 48313 5. If over \$100.0 cumulative, please provide:	70.°°	70.
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: SEBASTIAN PAIAZZOLO Address: 6031 - 19 MILE S.H. MI 48314 5. If over \$100.00 cumulative, please provide:	78.00	70,
OccupationEmployer		÷
Business Address		う ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	340,	



1. Committee I.D. Number	6995	54.	- 50		
2. Committee Name	MIHEE	to	REELEC	+ DEANI	VA KOSK

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 from committees 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 10-20-05		
Name: SALVATORE PALAZZOLO		
Address: 6031 - 19 MILE STERLING HTS, MI 48314	1000	70-
5. If over \$100.00 cumulative, please provide:	10,	
OccupationEmployer		4
Business Address	,	3
Type of Contribution: Direct Loan from a person Fund Raiser		*# *
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-20-05		
Name: JOSEPH PALUZZI		:
Address: 13400 CANAL STERLINGHTS MI	700	10/
5. If over \$100.00 cumulative, please provide:	70.	, ,
OccupationEmployer		
Business Address	AY.	
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-20-05		*
Name: RYAN HONG		Y St.
Address: 6/25 CENTER DR. S.H. MI 483/2	70.00	70,
5. If over \$100.0 cumulative, please provide:	·	
OccupationEmployer		
Business Address		j Ž
Type of Contribution: Direct Loan from a person Fund Raiser		i de la companya de l
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 16-20-05		
MIRIENE DIVER O . I have	1200_	70
Address: 3492 Sutton Pl, Bloomfield, MI 48301	70.	70.
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		•
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A	280,	
(Complete on last page of Schedule)	700	i
	<u>- </u>	



1. Committee I.D. Number 69954-50
2. Committee Name Committee To REELECT DEANNA KOSK

0, 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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 from committees 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 10-20-05 Name: MAURICE JANOWITZ Address: 3/333 W/3 MIE FARMINGTON HIlls 5. If over \$100.00 cumulative, please provide:	70.00	70.
Occupation Employer		<u>2</u> .
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	·	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-20-05		4
Name: ERIC FINN Address: 38600 VAN DYKE #290 5.H. M148312	10.00	70.
5. If over \$100.00 cumulative, please provide:	, , ,	
OccupationEmployer		1
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	الاس الاستان الم	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: NORM HYMAN Address: 38500 WOOD WARD #100, Bloom Field Hills, MI 48304 5. If over \$100.0 cumulative, please provide:	70.00	70.
OccupationEmployer_		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: DONALD DENAULT TR Address: 12560 NOONAN CT UTICA MI 48315 5. If over \$100.00 cumulative, please provide:	70.0	10,
OccupationEmployer		(A) (A) (A)
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of Ali Schedules 1A (Complete on last page of Schedule)	280.	



1. Committee I.D. Number 69954-50
2. Committee Name Committee To REELECT DEANNA KOSK

CANDIDATE COMMITTEE		
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 from committees 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 10-20-05 Name: SAM DORCHEN Address: 29895 EREEN FIELD, SoutHFIELD, MI	171500	72
5. If over \$100.00 cumulative, please provide:	γO_i	10,
OccupationEmployer		7 4 1
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10 - 20 - 05		
Name: JEFF BAHORSKI Address: 12900 HAII NO #350 STERLING HT 48313	70.00	70,
5. If over \$100.00 cumulative, please provide:	, .	
OccupationEmployer		*
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	A .	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10 -20-05 Name: CLARK HNDREWS Address: 12900 HAII Rd #350, 5.H. My 483/3	70.00	70.
5. If over \$100.0 cumulative, please provide:	·	
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: LAWRENCE 5COH Address: 12900 HAII Rd #350 5H M 483/3	70.00	70.
5. If over \$100.00 cumulative, please provide:	, ,	
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	'	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	280,	



1. Committee I.D. Number	6995	4.	- <u>50</u>		
2. Committee Name	m. Hee	to	REELEC	+ DEANNA	Kosk

Name: GERALD GUIDER DR WARREN MI Address: 3/302 SARATOGA DR WARREN MI 48093 70, db 48	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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
5. If over \$100.00 cumulative, please provide: Occupation	Name: GERALD GUIDER DR WARREN MI Address: 3/302 SARATOGA DR WARREN MI	10.00	70.
Business Address Type of Contribution: Direct	5. If over \$100.00 cumulative, please provide:	Í	
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10 - 20 - 05 Name: \(\text{VL/AN} \) ADAM S Address: \(8/5 \) Clay CH SHERING HK MI ## 83/3 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 10 - 20 - 05 Name: \(\text{Name:} \) AH Cueter Address: \(\text{H 8 SO} \) SCHOENHERL SH MI 483/3 5. If over \$100.0 cumulative, please provide: Occupation DWALK Employer Cueter Roperties Inc. Business Address H8 SO SCHOENHERL SH MI 483/3 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10 - 20 - 05 Name: \(\text{Philip RugGER!} \) ADAM \(\text{DyKE}, S, H, \) MI 483/2 5. If over \$100.00 cumulative, please provide: Occupation Philip RugGER! Address: \(\text{38700 VAN DyKE}, S, H, \) MI 483/2 5. If over \$100.00 cumulative, please provide: Occupation Employer Philip RugGER! Business Address 38700 VAN DyKE SH MI 483/2 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedulles 1A / 40,	Occupation Employer		2.
Name: LILLIAN ADAM: 5 Address: 8/55 Clay C+ Sterling Ht. MI 483/3 5. If over \$100.00 cumulative, please provide: Occupation			: .
Address: 8/SS C/Ay C+ STERING HE MI 483/3 5. If over \$100.00 cumulative, please provide: Occupation			
Coccupation	Name: LILLIAN ADAMS Address: 8/55 Clay Ct STERING HE MI 48313	70,0	70.
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: WAH CUETER Address: #48 SO SCHOENHERR, SH, MI 483/3 5. If over \$100.0 cumulative, please provide: Occupation OWNER Employer CUETER PROPERTIES INC Business Address #48 SO SCHOENHERR SH MI 483/3 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: PHIIIP RUGGER! Address: 38700 VAN DYKE, S; H, MI 483/2 5. If over \$100.00 cumulative, please provide: Occupation At Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	5. If over \$100.00 cumulative, please provide:		ï
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10 - 28 - 05 Name: WAH CUETER Address: #8 SO SCHOENHERR, SH, MI 483/3 5. If over \$100.0 cumulative, please provide: Occupation DWNER Employer CUETER PROPERTIES INC. Business Address #3850 SCHOENHERR SH MI 483/3 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10 - 20 - 05 Name: PHIIIP RUGGER! Address: 38700 VAN DYKE, SiH, MI 483/2 5. If over \$100.00 cumulative, please provide: Occupation ATTY Employer PHIIIP RUGGER! Business Address 38700 VAN DYKE, SiH, MI 483/2 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	OccupationEmployer		2.
Name: WAH CUETER Address: 48 SO SCHOENHERR, SH. MI 483/3 5. If over \$100.0 cumulative, please provide: Occupation OWNER Employer CUETER PROPERTIES INC Business Address 48 SO SCHOENHERR SH MI 483/3 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10 - 20 - 05 Name: PHIIP RUGGER! Address: 38700 VAN DYKE, SiH. MI 488/2 5. If over \$100.00 cumulative, please provide: Occupation ATTY Employer PHIIP RUGGER! Business Address B8700 VAN DYKE SH MY 83/2 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A		ss*	
Business Address 42850 SCHOENHERR SH MI 48313 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: PHIII RUGGERI Address: 38700 VAN DYKE, S.H. MI 483/2 5. If over \$100.00 cumulative, please provide: Occupation A	Name: WALT CUETER Address: 4850 SCHOENHERR, SH. MI 483/3	500,00	500.
Name: PHIIP RUGGERI Address: 38700 VAN DYKE, S.H. MI 488/2 5. If over \$100.00 cumulative, please provide: Occupation ATTY Employer PHIIP RUGGERI Business Address 38700 VAN DYKE SH MI 483/2 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	Business Address 42850 SCHOENHERR SH M1 48313 Type of Contribution: Direct Loan from a person Fund Raiser		
5. If over \$100.00 cumulative, please provide: Occupation ATTY Employer PHI ID NOGERI Business Address 38700 VAN DYKE SH MU 183/2 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	Name: THILLP KUGGERI	500.2	500.
Grand Total of All Schedules 1A / / / // (),	5. If over \$100.00 cumulative, please provide: Occupation ATY Employer PHI IP RUGGERI Business Address 38700 VAN DYKE 5H M 483/2		
	Grand Total of All Schedules 1A	1140.	



1. Committee I.D. Number 6995	54-50	· · · · · · · · · · · · · · · · · · ·
2. Committee Name Comm, HEE	to REELECT	DEANNA KOSK

		, , , , , , , , , , , , , , , , , , ,
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 from committees 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 10-21-05 Name: AMERICAN POISH COALITION of REPUBLICAN Address: 1/927 HIAWATHA, SHEIBY, MI 5. If over \$100.00 cumulative, please provide: 48315	5 10.00	70,
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? 7 YES 4. Date of Receipt 10 - 20 - 05		
Name: JOAN WIEGAND Address: 37580 MOUND Rd, STERING HE MI	UM 00	400.
5. If over \$100.00 cumulative, please provide:	700.	<i>(</i>
Occupation SE/F Employer WIEGANDS TRUCKING		
Business Address 37580 NOUND, 5H, M 1 48310 Type of Contribution: Direct Loan from a person Fund Raiser	 خن	
3. Contribution #3 PAC Receipt? PYES 4. Date of Receipt 10-20-05 Name: Sterling Heights Fire Fighters Union Local 1557 Address: PO Box 308, Sterling Hts Mu 48311 5. If over \$100.0 cumulative, please provide:	300.00	300.
OccupationEmployer PAC ACC+		**************************************
Business Address		
3. Contribution #4 PAC Receipt? ZYES 4. Date of Receipt 10-20-05 Name: FORD MOTOR CO CIVIC ACTION FUND Address: THE AMERICAN Rd, DEAR BORN, MI 48/2/ 5. If over \$100.00 cumulative, please provide: Occupation Employer MI PAC	70.00	70.
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	01/0/	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	840,	



	6995	54	- 50	1000	
2. Committee Name Comi	n, HEE	to	REELECT	PANNA	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 from committees 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 10-20-05 Name: DAIMER CHRYSER CARP MI PS C Address: 1000 CHRYSER DR CIM5 485-10-95 AUBURN HIIIS MI 48326 5. If over \$100.00 cumulative, please provide: Occupation	250. ⁸²	250.
Type of Contribution: Direct Loan from a person Fund Raiser		,
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10 - 30 - 05 Name: ANTHONY MARROCCO Victory PAC Address: 39655 MORAVIAN DR, CLINTON, M148036 5. If over \$100.00 cumulative, please provide:	10.00	70,
OccupationEmployer	, , , , , , , , , , , , , , , , , , ,	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-20-05 Name: DEANNA KOSKI Address: 15079 HARVEST MEA DOWS, STERING Hts MI 5. If over \$100.000 cumulative, please provide: OccupationEmployer	1987,41	1987.41
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	,	
Contribution #4 PAC Receipt? YES 4. Date of Receipt Name:		
Address:		- -
5. If over \$100.00 cumulative, please provide:		#:
OccupationEmployer		il P
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2367.41	



MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

CANDIDATE COMMITTEE			
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name MASS MAILING Address PO Box /299	Purpose: Posta GE /MAIlING	2/26/05	385,38
STERING Hts, MI 48311	Expenditure Code MA Check box if this expenditure is payment of debt or obligation reported on previous statement	103	
Name AMERICAN GRAPHICS RINTING Address 34895 GROESBECK	Purpose: PRINTING ARTWORK Expenditure Code PA	2/36/ 85	369,48
Clinton Tup MI 48035	Check box if this expenditure is payment of debt or obligation reported on previous statement	05	
Name CHARTER ONE Address P.O. Box 89428,	Purpose: BANK CHARGES Expenditure Code BK	1/1/05 Thru	125,00
CIEVE/AND, OH 44/01	Check box if this expenditure is payment of debt or obligation reported on previous statement	9/20/05	
Name PENNA'S OF STERLING 38400 VAN DYKE	Purpose: FOOD /HAII	10/	1138.40
3840 * VAN DYKE Address STERLING HTS, MI 48312 Fund Raiser	Expenditure Code FE +RE Check box if this expenditure is payment of debt or obligation reported on previous statement	65	**************************************
Expenditure #5 Name PATRICIA SCOTT Address 20423 BARRINGTON	Purpose: FUNDRAISER DEWRATIONS	10/20/	140,00
Address 31423 BARRINGTON STERLING HTS MI 48312 Fund Raiser	Expenditure Code / C Check box if this expenditure is payment of debt or obligation reported on previous statement	65	
	Subtotal thi Grand Total of all Sched	s page	2758,26

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

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Authority granted under P.A. 388 of 1976

CFR Rev 3/2002-1b



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 699 54 - 50
2. Committee Name COMM, HEE TO REFIECT DEANNA KOSKI

CANDIDATE COMMITTEE 2.0	Committee Name COMM, THEE TO KEL	ilect ()E	ANNA KOSKI
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name US POSTAL SERVICE Address WARREN POST OFFICE WARREN MI 48090	Purpose: SHAMPS Expenditure Code MA	4) 15/05	14.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name KINKO'S Address 41/50 GARFIELD	Purpose: PRINTING LABELS - LETTER	2/2/05	27,56 44,52
Address 41150 GARFIELD CLINTON TWO, MI 48038 [Fund Raiser	Expenditure Code Check box if this expenditure is payment of debt or obligation reported on previous statement	924/05 4/15/05	44,52
Expenditure #3 Name OFFICE MAX Address 37600 VAN DYKE 5 TERING HTS NII 48312	Purpose: 30pp/165 /F/1E Expenditure Code OE	4/15/05	49,48
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		<i>3.</i> } € }
Name Office DEPOT Address 44835 ScHoenHerr Sterling Hts Mi 48313	Purpose: ENS /TAGS/ C Boy Expenditure Code	10/20/	42.35
Name PRINT MASTERS Address 26039 DEQUINDRE MADISON HTS MI 48011 Fund Raiser	Purpose: PRINTING Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement	19/12/	1060,00
	Subtotal this Grand Total of all Schedi (Complete on last page of Sc	ules 1B	1297.91

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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Authority granted under P.A. 388 of 1976

CFR Rev 3/2002-1b



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 6995	04-	50		
2 Committee Name Committee	TOR	EK/Ent	DEDUNA	KÆK

CANDIDATE COMMITTEE		, ,	Fig. 1
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Name ROBERT REEPPA Address HARVEST MEADOWS CT STERING HS M: 48313	Purpose:	10) 120/ 105	300,ª
Name GERRY DOUGHERTY Address Poplar, Warren, Mi	Purpose: SIGNATURE Purpose: CATHERING PET Expenditure Code CN Check box if this expenditure is payment of debt or obligation reported on previous	4/5/05	150.
Name TREAS STERLING HTS Address 40555 UTICA STERLING HTS, MI 48:311 Fund Raiser	Purpose: MAI PROGRAM Expenditure Code CO Check box if this expenditure is payment of debt or obligation reported on previous statement	19/05	38.°°
Name US POSTAL SERVICE Address STERLING HTS POST OFFICE STERLING HTS MI 48312	Purpose: SHAMPS Expenditure Code MA Check box if this expenditure is payment of debt or obligation reported on previous statement	9/26/	148,00
Name FRDEX KINKO'S Address 41150 GARFIELD CLINTON FWY 111 48038 [] Fund Raiser	Purpose: PAPER / Supplies Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement	9/1/55	53,50
	Subtotal thi		6 89,50

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 19 of 23

Authority granted under P.A. 388 of 1976

CFR Rev 3/2002-1b

Enter this total on line 8a of Summary Page

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



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

69954-50

Committee Name COMMITTEE TO REELECT DEANNY KOSKI

CANDIDATE COMMITTEE

This Schedule itemizes:				
a. Γ Debts and obligations owed <u>by</u> or forgiven the co		bts and obligations owed to	or forgiven by the c	ommittee.
(Che	ck either a or b. Use only for the pu	urpose checked.)		<u> </u>
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period
Check box to indicate whether debt is owed to an	5. Indicate date debt was		data on debt	(Item 6 minus
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	incurred 6. Indicate original amount			Item 8)
guarantors, if any.	of debt			
Debt #1 Corp? Yes Owed to or by:	4. Type: NLC	/ / \$	<u> </u>	
DEANNA KOSKI	ч. туро			
DEHININA KOSKI	5. Date Debt Was Incurred:			
	6. Original Amount of Debt:			\$ 24/,00
	1 . 11	/ / s	\$	\$
	\$ 241.00			FORGIVEN
		\$		•
If bank loan, name of endorser or guarantor:	Sanding to the state of the sta	Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: NCC	/\$		i. 1
TDEANNA KOSKI				
-	5. Date Debt Was Incurred: - 4-99 6. Original Amount of Debt:			111113
	6. Original Amount of Debt:		\$	664.13
	\$ 664.13			:
•	, , , , , , , , , , , , , , , , , , , ,			FORGIVEN
If bank loan, name of endorser or guarantor:	•	Δπ	 nount Endorsed: \$	
Debt #3 Corp? Yes		7.11	louin Endoroca, ψ_	
Owed to or by:	4. Type:			
DEANNA KOSKI	·	_ / _ / \$		1.
	5. Date Debt Was Incurred:			
	6. Original Amount of Debt:			595.
	\$ 595			
	<u> </u>	, ,		FORGIVEN
If bank loan, name of endorser or guarantor:	•	Δn	 nount Endorsed: \$	
is barn today fiding of charges of guarantos.		Page Subtotal (Outst		عزر هم سال
			- ,	1500.13
		Crond Total of all C	Albandulan dE	

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

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.

Page <u>20 of 23</u>

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



MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 69954-50

CANDIDATE COMMITTEE

This Schedule itemizes: 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 4. Type of Obligation 7. Date and amount of 9. Outstanding 8. Cumulative financial institution to whom debt is owed. (Indicate type and you may each payment payment to Balance at close assign an expenditure code) date on debt of this period Check box to indicate whether debt is owed to an 5. Indicate date debt was (Item 6 minus incorporated business. If debt is a bank loan, please incurred Item 8) provide information regarding the endorsers or 6. Indicate original amount guarantors, if any. of debt Debt #1 Corp? Yes Owed to or by: 4. Type: FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 Com? Owed to or by: FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #3 Corp? Owed to or by: Date Debt Was Incurred: FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

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

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.

Authority granted under P.A. 388 of 1976

CER REV 7/1999c-1e

Enter this total on line 12a "owed by"" or

line 12b "owed to" of the

Summary Page



MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

CANDIDATE COMMITTEE

This Schedule Itemizes:				<u> </u>
aDebts and obligations owed <u>by</u> or forgiven the con (Cher	nmittee OR b. Debts	and obligations owed <u>to</u> or urpose checked.)	forgiven by the con	mittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to	9. Outstanding Balance at close
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.	5. Indicate date debt was incurred 6. Indicate original amount of debt		date on debt	of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: NLC	_/ / \$		
DEANNA KOSKI	Code <u>FO</u>	·	· 1) ,
	5. Date Debt Was Incurred:		s	, 149.58
	6. Original Amount of Debt:	\$		FORGIVEN
•	\$- 749, 3°	/\$		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:			
DEANNA KOSKI	Code	\$		
	5. Date Debt Was Incurred:	\$		1987.41
	6. Onginal Amount of Debt:		-	
·	\$ 1987.41			FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	·
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	Code	\$		4
	5. Date Debt Was Incurred:	\$		* *
	6. Original Amount of Debt:			
•	\$			FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal (Outst	anding debt)	2736.99

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 Camp4ign Statement or it was forgiven during the period covered by this Campaign Statement.

Authority granted under P.A. 388 of 1976

CFR REV 7/1999c-1e



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 69754-50

2. Committee Name DAM Not 4 F.F. To REFIECT DEPANA KOSK

			1
3. Date Event Was Held 10 - 20 - 05 Month Day Year	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity DINNER PARTY	6. Address and Name (If any) place where the activity was h 38400 VAN DYKE 49 SHEKING HIS MI Private Residence of Shi
T. Total Contributions of \$20.00 Total Contributions of \$20.01 SUBTOTAL (Add lines 7 and D. Other Receipts Gross Receipts (Add lines 9 Total Cost of Event* and All lade For the Event	or more 7070 8) 7070 and 10) 7070 3220		1738.40 140.00 42.35 300.00 2220.15 Iudes In-Kind Contributions Expenditures
3. Check if event was a joi Co-Sponsor(s)	Contribution S (%)		Expenditure Split (%)

 The committee is required to file a separate Fund Raiser Schedule for each fund raising event field 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.

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